



## 2020 INSPECTION OF BANKSIA HILL DETENTION CENTRE

135

APRIL 2021

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## 2020 Inspection of Banksia Hill Detention Centre

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## Inspector's Overview

# A STABLE BANKSIA HILL MUST GRASP THE OPPORTUNITY FOR SUSTAINED IMPROVEMENT

Banksia Hill Detention Centre has been the subject of considerable focus for this office over the past 10 years. We have published seven reports about the centre since 2012, but in recent years some stability has returned. The three years prior to this inspection have probably been one of the most settled periods in its history.

At the time of this inspection we noted several factors that should allow Banksia Hill to progress and build on recent stability. Many areas of the centre were already taking advantage of these opportunities and I commend them for doing so.

Probably the most critical factor was Banksia Hill's very low population. At the time of our inspection it held 77 detainees, but this has increased this year and currently sits around 110. The centre has a capacity of 215. We were told that the staffing numbers had not been reduced and in some non-custodial areas had increased. For the first time in recent years, Banksia Hill had a stable substantively appointed leadership team, supported by an experienced substantively appointed Deputy Commissioner for Women and Young People.

It was somewhat surprising then to hear of a level of conflict and disagreement between a small but significant group of custodial officers and the senior management. Unsurprisingly, both groups told us they wanted to achieve the same outcomes, that is that the centre maximise the opportunities to provide rehabilitation services for the young people sent there.

We saw many areas where there had been noticeable improvements in services for detainees and these are outlined in this report. These included improvements in health, education, welfare, recreation, case planning and re-entry services. There are also many areas we identified that require improvement and our recommendations are focused on them.

Given what we found at the time of the inspection, there can be no better time than now to maximise the centre's potential. We made two key recommendations which aim to address issues around its role and direction. Recommendation 1 relates to the development of an operating philosophy for Banksia Hill. Recommendation 8 relates to development of a strategic management plan to guide the delivery of services for female detainees. The Department in their response to our draft report supported both recommendations and advised us that the Superintendent was in the process of developing strategic management plans which will address these recommendations. The Department also acknowledged the importance of each recommendation and the need for engagement with all stakeholders. As part of our liaison work with Banksia Hill since our inspection, we have been informed of some encouraging progress towards these recommendations.

Like any change process, sustainable improvement and success will be dependent on the engagement and involvement of all staff groups to ensure buy-in to the new strategic direction and philosophy. This will be one of our focus areas in our ongoing liaison and monitoring work with the centre.

# A STABLE BANKSIA HILL MUST GRASP THE OPPORTUNITY FOR SUSTAINED IMPROVEMENT

#### **ACKNOWLEDGMENTS**

Banksia Hill had, until a recent retirement, two very experienced Independent Detention Centre Visitors who are community volunteers appointed by the Minister for Corrective Services. They attend the centre on a regular basis providing an opportunity for the detainees to raise issues and feedback that information to our office. I acknowledge the importance of their work and thank them for the contribution they have made to our ongoing monitoring of Banksia Hill. I would like to make special mention of our recently retired Independent Visitor who has made a significant contribution at Banksia Hill and other facilities over many years. The Minister has recently appointed a new Independent Visitor for Banksia Hill and I would like to welcome them to this important role.

It is important to also acknowledge the support and cooperation we received throughout the inspection from the Superintendent and staff at Banksia Hill and from key personnel in the Department. The young people who took the time to speak with us and share their perspective also deserve our acknowledgment and thanks.

Finally, I would like to thank the members of the inspection team for their expertise and hard work throughout the inspection. I would particularly acknowledge and thank Kieran Artelaris for his hard work in planning this inspection and as principal drafter of this report.

## Eamon Ryan

Inspector of Custodial Services 20 April 2021

This was our sixth announced inspection of Banksia Hill Detention Centre ('Banksia Hill'). In the three years since our previous inspection, Banksia Hill had enjoyed its most settled period for many years. We inspected in September 2020, and disruptions resulting from the COVID-19 pandemic had mostly ended. Detainee numbers were at a historic low with only 77 young people in custody.

High turnover in executive and senior management positions had continued. There had been 10 Superintendents in the past 10 years, and eight Deputy Commissioners since 2017. However, both positions had permanent occupants at the time of our inspection, and we were optimistic that stable and consistent leadership would be maintained for some time.

The continuing failure to implement an operational philosophy was a major weakness. Staff need clear guidance on the purpose and objectives of Banksia Hill in order to ensure consistent practices.

Morale had clearly improved, but some staff remained disgruntled. Pressure on staff was vastly reduced because detainee numbers were so low. In most of the non-custodial areas of the centre, there had been many positive developments, and staff were much happier. However, there remained a small but significant group of custodial staff who stated that morale was poor.

We repeatedly heard from custodial officers that communication with senior management was poor. Senior managers, for their part, were frustrated that their attempts to communicate with the staffing group were not always productive. It was certainly clear to us that staff and management did not have a shared understanding of several issues relating to the operation of the centre.

Concerns about staffing levels were at the centre of the dispute between custodial staff and senior management, and generated much of the discontent that existed. Positively, there appeared to be a shared desire to resolve difficulties.

Recruitment had been regular, and custodial staffing vacancies were low. However, workers' compensation levels remained high. This, along with personal leave, was the main cause of any vacancies on the daily roster.

We have previously opposed the practice of locking young people in cell for the purpose of staff training, but this practice continued in 2020. Despite the lockdown, Banksia Hill had fallen behind in some key training areas. We maintain that locking young people in cell is not the best model.

Banksia Hill had a long list of security alerts recorded, highlighting each young person who had been identified as a risk to or from another young person. We found little evidence of attempts to mediate this sort of conflict. Instead, the response seemed to be to eliminate all contact between those involved. We were concerned that this was not an effective way to manage the problem.

There were a number of issues with infrastructure and procedures in the gatehouse. There was no detection mechanism to prevent the removal of keys from the centre; there was limited technology to prevent the entry of contraband; and the process for searching staff entering the centre was not robust.

Custodial officers were concerned about incident response capacity. In the context of centre stability and low detainee numbers, senior management had reconsidered the resources devoted to incident response. The Senior Officer Recovery position was withdrawn, and the third recovery team was under review. Many officers were highly resistant to this. We believe that it is sensible to review best use of recovery team resources, including the need for a senior officer.

A team of three adult custodial prison officers continued to be stationed at Banksia Hill. Significantly, unlike youth custodial officers (YCOs), they could be authorised to use chemical spray on young people in custody. We do not support permanent stationing of prison officers in a youth custodial facility. We believe the assistance of prison officers should be used as a temporary response to an emergency situation.

The centre's approach to behaviour management was not consistent. Senior managers and YCOs had different views about the role of the Intensive Support Unit (ISU). This highlighted the fact that behaviour management and the ISU need to be at the centre of an operational model and philosophy for Banksia Hill.

In recent years, Banksia Hill had made several policy changes aimed at reducing the number of strip-searches conducted on young people. In our view, the latest reforms had been very positive, appropriately requiring staff to assess risk rather than routinely strip-searching every young person.

We found that recording of time in cell for all detainees was generally accurate and reliable. However, we felt that out of cell hours remained too low. Young people had an average of only nine to 10 out of cell hours per day throughout 2020.

Admissions were handled well by skilled and experienced staff, and admissions holding cells had been improved. All holding cells had been decorated with painted murals on the walls, and three out of five now featured an in-built television.

Aboriginal young people continued to be overrepresented at Banksia Hill, making up 74 per cent of the population. Some services and aspects of the centre included good recognition of Aboriginal culture, but in other areas this was lacking, and there were some missed opportunities.

Although the complexity of the population of girls in custody presented challenges, we found that services available to the girls had increased. However, there was no strategic plan for the management of Yeeda Unit and the girls. Without a structured plan or framework, we were concerned that recent gains may be lost in the event of personnel changes.

Banksia Hill's health services team were positive and cohesive, delivering a high standard of services. Detainee satisfaction with health services had increased significantly since 2017. However, we were concerned that the mental health nurse position was not backfilled during a short period of planned leave. This posed an unacceptable risk.

Some important changes had been made in the health centre to optimise the use of space. But the most critical infrastructure shortfall at Banksia Hill continued to be the lack of a proper crisis care unit.

Relations between YCOs and detainees were generally good, but the 12-hour shift system reduced the continuity of contact with young people and limited the impact YCOs could have with individuals.

Security infrastructure was now a highly visible feature of Banksia Hill, and made it appear much like an adult prison. Accommodation units were bare and unwelcoming, and graffiti was widespread. Grounds and gardens were untidy and overgrown in some parts of the centre.

Banksia Hill had worked to drive improvements in kitchen management and meal quality with the kitchen contractor. The quality of meals had improved markedly, and there had been positive feedback from young people.

The scope and reach of the recreation program was impressive. Several innovative and pioneering activities had been introduced, including the Australian Army Cadets program, Youth Emergency Services program, and weekly parkruns.

The small size of the visits room at Banksia Hill restricted the number and quality of visits that could occur, and this had been exacerbated by COVID-19 distancing measures that were in place.

Education at Banksia Hill had undergone many positive changes. The Principal position had been re-established and a strategic plan for education had been developed. There were higher standards and accountability for teachers, and staff shortages had been addressed by establishing a pool of relief teachers. More effort was made to assess students on entry and stream them into classes according to educational level.

However, teachers at Banksia Hill still faced a challenging teaching environment. Teaching materials and basic classroom resources were quite limited, and there was very little access to classroom technology. Class sizes are small at Banksia Hill – no more than eight students – but many students required one-on-one support that could not be delivered with existing staffing levels.

More stable staffing in the case planning unit and some key process efficiency gains had eased workload pressures. Crucially, the case planning unit had taken advantage of the reduced workload to improve processes.

Banksia Hill offered a variety of re-entry services and programs, delivered by community-based organisations that visited the centre. A drug and alcohol counselling and support service had been withdrawn because funding was lost. This was a crucial service gap that needed to be addressed.

The appointment of a Principal Psychologist had been positive for psychological services, providing clear direction on practice and priorities. Importantly, this position also represented psychological services at senior management level within the centre.

At-risk management processes had continued to develop and improve. Significant work had gone into the development of an At-Risk Management System manual for youth custodial, which did not previously exist.

#### LIST OF RECOMMENDATIONS

#### **RECOMMENDATION 1**

Develop and implement an operational philosophy for Banksia Hill.

#### **RECOMMENDATION 2**

Explore options to deliver staff training without resorting to locking young people in cell.

#### **RECOMMENDATION 3**

Review security alerts that limit the association of young people.

#### **RECOMMENDATION 4**

Implement appropriate security measures to help prevent keys from leaving the centre undetected.

#### **RECOMMENDATION 5**

Improve the method of randomly selecting people entering the centre for searching.

## **RECOMMENDATION 6**

Increase contraband detection technology in the gatehouse.

#### **RECOMMENDATION 7**

Review staffing of recovery teams.

## **RECOMMENDATION 8**

Develop and implement a strategic management plan to guide the delivery of appropriate services for girls at Banksia Hill.

#### **RECOMMENDATION 9**

Ensure that additional resources are available to cover the mental health service in the event of staff absences or leave.

#### **RECOMMENDATION 10**

Prioritise the development of a purpose-built crisis care unit at Banksia Hill.

#### **RECOMMENDATION 11**

Improve the furnishing and aesthetic appearance of accommodation units and cells.

## **RECOMMENDATION 12**

Increase teaching materials and classroom resources at Banksia Hill.

#### **RECOMMENDATION 13**

Increase availability of classroom technology at Banksia Hill.

## LIST OF RECOMMENDATIONS

## **RECOMMENDATION 14**

Provide staffing and resources sufficient to deliver an enhanced intensive educational support program.

## **RECOMMENDATION 15**

Ensure that a drug and alcohol counselling and support service is available to young people at Banksia Hill.

#### **FACT PAGE**

## NAME OF FACILITY

Banksia Hill Detention Centre

#### ROLE

Banksia Hill is a maximum-security facility, holding boys and girls, sentenced and unsentenced, from all regions. Young people range in age from 10 to 18 (and beyond). It is the only juvenile detention centre in Western Australia.

## **LOCATION**

Banksia Hill is located on Noongar land in Canning Vale, 20 kilometres south of the Perth central business district.

#### **HISTORY**

Banksia Hill opened in 1997. The centre underwent a major redevelopment from 2010 to 2012. Following this, the state's only other juvenile custodial facility, Rangeview Remand Centre, was converted into an adult prison. Since October 2012, all juvenile detainees in Western Australia have been housed at Banksia Hill.

#### **CAPACITY**

215

## NUMBER OF YOUNG PEOPLE IN CUSTODY AT COMMENCEMENT OF INSPECTION

## Chapter 1

#### INTRODUCTION

#### 1.1 BACKGROUND

## Banksia Hill had enjoyed a period of relative stability

This was the sixth announced inspection of Banksia Hill Detention Centre ('Banksia Hill') conducted by the Office of the Inspector of Custodial Services ('the Office'). We are required by the *Inspector of Custodial Services Act 2003* (WA) to report on each custodial facility every three years, but we have reported on Banksia Hill far more frequently in recent times. In the six years between 2012 and 2018, we produced seven reports on Banksia Hill. This reflected the elevated risk level of the centre over that period. The fact that it has now been a full three years between inspections indicates that the centre has been relatively stable and settled.

Our previous inspection in July 2017 was undertaken in the wake of two critical incidents that took place in early May 2017. These incidents were the culmination of an 18-month period in which the centre had been extremely unsettled, with staff assaults and property damage a frequent occurrence. These events are discussed in more detail in our 2018 report (OICS, 2018a).

The May 2017 incidents triggered major changes at Banksia Hill, including the appointment of a new Superintendent with experience in the adult custodial system. Remarkably, this was the ninth Superintendent at Banksia Hill in seven years. In addition, a small team of adult custodial senior officers was seconded to Banksia Hill to provide guidance and support, and additional response capacity. Unlike Youth Custodial Officers (YCOs), they were authorised to use chemical spray on young people in custody. This arrangement was initially for three months, but was repeatedly extended, and remained in place three years later during our 2020 inspection.

Our 2018 report accepted that the immediate priority for the Department of Justice ('the Department') was stabilising the centre. We found a tightly-controlled and restrictive regime had reduced detainee's freedom and movement around the site, and limited their involvement in activities. Under any other circumstances, this would have been entirely unacceptable. However, we were willing to concede that this was necessary in the short-term to restore stability to the centre. Our challenge to Banksia Hill management and staff was to restore a more normal regime. In our view, the centre needed to find a better balance between security and welfare (OICS, 2018a).

Following the May 2017 incidents, three boys had been identified as high risk because of their frequent involvement in incidents and influence on other young people. Banksia Hill management had decided to separate them from the main population by housing them in the Intensive Support Unit (ISU) on a long-term basis. Their treatment was subsequently the focus of a Directed Review by this Office after Amnesty International Australia made a number of allegations. Ultimately, we found that most of Amnesty's allegations were not upheld, but we raised concerns about record-keeping practices and communication. We also recommended a review of legislation and governance requirements in relation to the use of special regimes and confinement (OICS, 2018b).

In the years between our 2017 and 2020 inspections, Banksia Hill had generally been more stable. There were spates of critical incidents such as roof ascents or staff assaults at different times. This illustrated that Banksia Hill continued to be an unpredictable and challenging working environment. However, the scale and frequency of incidents was reduced. This was the most settled period at Banksia Hill for many years.

#### 1.2 BANKSIA HILL IN 2020

#### Disruptions resulting from the COVID-19 pandemic had mostly ended

Our inspection took place in September 2020, around five months after Western Australia had first introduced restrictions in response to the COVID-19 pandemic. At the height of restrictions, social visits were cancelled at Banksia Hill (and all other custodial facilities), and most community-based organisations stopped entering the centre to deliver services between March and May 2020. Phase 4 restrictions remained in place during our inspection. There were screening measures for all staff and visitors in the gatehouse, and physical distancing restrictions continued to limit social visits. But almost all service providers had returned, and the centre was operating largely as normal.

## Detainee numbers were at a historic low, but the population remained complex

Banksia Hill houses a complex population of young people – male and female, sentenced and unsentenced, ranging in age from 10 to 18 years (and beyond). The total number of young people in custody had been trending strongly downwards since our last inspection. The average daily population had fallen from 145 in 2017 to 105 in 2020. At the commencement of this inspection, numbers were especially low, with only 77 young people at Banksia Hill. This meant we were inspecting at a time when all areas of the centre were under less pressure because of the low numbers.



Figure 1-1: Number of young people at Banksia Hill, September 2017–September 2020

2020 INSPECTION OF BANKSIA HILL DETENTION CENTRE

Girls have always represented a small minority of the total population of young people in custody. However, since the last inspection, the numbers had been trending slightly upwards. Rather than housing 5-10 girls, Banksia Hill was now typically housing 10-15, and occasionally more than 20.

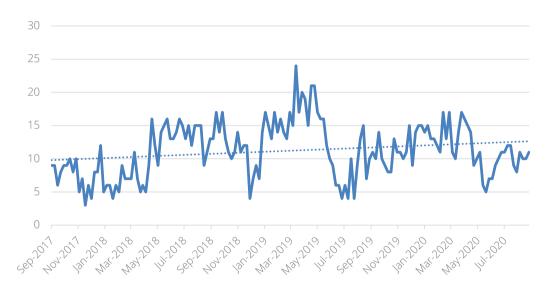


Figure 1-2: Number of girls at Banksia Hill, September 2017–September 2020

Combined with the downward trend overall, this meant that the girls formed a larger proportion of the total population. At the commencement of the inspection, there were 10 girls at Banksia Hill representing 13 per cent of the total population, compared to only six per cent in 2017.

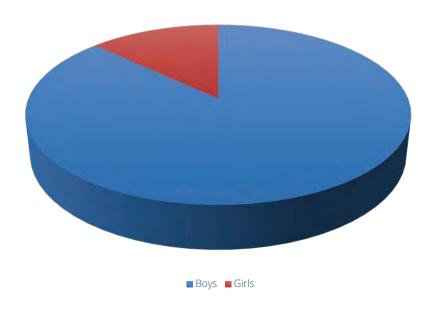


Figure 1-3: Proportion of girls and boys at Banksia Hill, 16 September 2020

Aboriginal young people continue to be overrepresented at Banksia Hill, and made up 74 per cent of the custodial population at the time of the inspection.

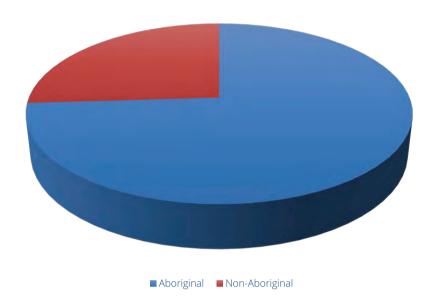


Figure 1-4: Aboriginal and non-Aboriginal young people at Banksia Hill, 16 September 2020

From a snapshot taken on 16 September 2020, 66 per cent of young people were from the Perth metropolitan area. The remaining 34 per cent were displaced from their homes and families, in some cases by many thousands of kilometres. There were small but significant cohorts from the Pilbara (9%), Kimberley (8%), and Goldfields regions (8%).

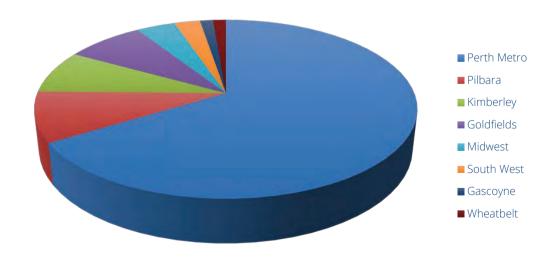


Figure 1-5: Home region of detainees at Banksia Hill, 16 September 2020

There is a growing call for an increase in the age of criminal responsibility in Australia and a review is currently underway by a working group established under the auspices of the Council of Attorneys General. The youngest people at Banksia Hill during the inspection were 13 years old (one boy and two girls), with seven young people over the age of 18. The largest age groups were the 16- and 17-year olds who made up 65 per cent of the population. There are vast physical, emotional, and developmental differences between the age groups, creating complex challenges for detainee management and service provision.

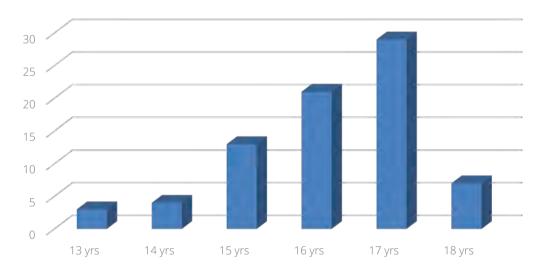


Figure 1-6: Age of detainees at Banksia Hill, 16 September 2020

#### 1.3 INSPECTION PROCESS

The on-site inspection was conducted over five days in September 2020, and included formal and informal meetings with management, staff, and young people. Prior to the on-site inspection, surveys were distributed to both young people and staff at Banksia Hill. The survey results assisted in determining the focus of the inspection and provided a source of primary evidence during the inspection. We also sought comment from various community agencies and organisations that deliver services inside the centre.

The inspection was guided by the Office's Code of Inspection Standards for Young People in Detention. The findings and recommendations in this report are based on evidence gathered from multiple sources throughout the inspection process. The Inspector presented preliminary findings to staff, management, and Department of Justice executives at the conclusion of the inspection. A member of the inspection team also delivered a presentation to a representative group of young people. Further details about the inspection team, and our process leading up to and during the inspection can be found in Appendix 4.

## Chapter 2

#### STAFF AND ADMINISTRATION

#### 2.1 LEADERSHIP AND DIRECTION

## High turnover in executive and senior management positions had continued

In our previous reports, we have noted that instability in senior management has been a persistent problem at Banksia Hill (OICS, 2015, p. 14; OICS, 2018a, p. 9). Since our 2017 inspection, Banksia Hill had appointed yet another new Superintendent, making it 10 Superintendents in the past 10 years. The constant turnover had been challenging for staff and impacted negatively on morale. With every new Superintendent came real or perceived changes in direction, which caused uncertainty and anxiety within the staffing group.

In 2020, however, the senior management team was considerably more stable than previously. Only one position on the team was not permanently filled. There had been some movement back and forth between positions, but the overall team had been largely consistent for several years. And even though there had been a change in Superintendent, the current Superintendent was appointed after about two years as Deputy Superintendent. Some other key appointments had been made, including a new Assistant Superintendent Security, and a new Deputy Superintendent. There had been some adjustment of responsibilities, resulting in the conversion of the Assistant Superintendent Female and Cultural Services position into an Assistant Superintendent Specialised Units and Safer Practice, with a substantive appointment made in August 2020. Overall, with most members now permanently in place, we found that the senior management team was in a strong position to lead the centre into the future.

However, the more stable local leadership was impacted by instability at executive level in the Department, which had affected lines of reporting and responsibility for Banksia Hill. Immediately after the May 2017 incidents, responsibility for Banksia Hill had been transferred from the Deputy Commissioner Youth Justice Services to the Deputy Commissioner Adult Justice Services. Since our 2017 inspection, there had been an organisational restructure at head office level, which included realignment of divisions, and creation of a Deputy Commissioner Women and Young People. This position took on executive management of Banksia Hill in March 2019, but several different people moved in and out of the role in a short period. The result was that Banksia Hill had reported to eight different Deputy Commissioners since 2017. It had been difficult to provide clear and consistent direction for the centre in these circumstances. Positively, by the time of our inspection, there was an experienced Deputy Commissioner Women and Young People permanently in position, and we were optimistic that stable and consistent leadership would be maintained for some time. Further stability moving forward can be enhanced by establishing an operational philosophy and clear objectives for the centre, something that has historically been lacking.

## Banksia Hill still needed a clear operational model and philosophy

Our previous reports have repeatedly highlighted and made recommendations regarding the absence of an operational philosophy at Banksia Hill (OICS, 2013a, pp. 46–48, 59; OICS, 2015, pp. 15–16; OICS, 2018a, pp. 10–11). An operational philosophy should drive a cohesive approach and consistent practices. It should unite staff and provide direction

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to the way they go about their work, regardless of changes in personnel. The continuing failure to implement an operational philosophy was a major weakness for Banksia Hill. It left the centre vulnerable, particularly considering the high turnover in executive and senior management discussed above.

There had been several attempts to develop and implement an operational philosophy over the years. During 2015, the Department began to develop a new operational model that was intended to drive cultural change. This became known as the 'Banksia Hill transformation'. The proposed operational model was underpinned by the concept of trauma-informed care and drew on internationally-recognised models and research. The intent and core principles behind trauma-informed care were sound, but the transformation project lacked clarity and was poorly managed (OICS, 2017, pp. 16–18; OICS, 2018a, pp. 10–11). The project was driven from head office and did not adequately consult with staff at Banksia Hill. As a result, it failed to obtain the support of staff. It was officially abandoned after the May 2017 incidents.

After 2017, Banksia Hill began developing a new 'Model of Care', again based on trauma-informed practice, and linking with the Telethon Kids Institute's research about the neurodevelopmental needs of young people at Banksia Hill (Bower, et al., 2018). A key feature of this model was the formation of multiple multi-disciplinary teams to deliver services to the various different cohorts of the detainee population. Work continued on this model throughout 2018 and into 2019, and two multi-disciplinary teams were set up. But the project was almost entirely driven by a temporary Assistant Director position. When this person moved onto another project, there was nobody with equivalent experience and understanding to progress the work. The model was never well understood by other staff at Banksia Hill, and by the time of our 2020 inspection it appeared to have been discontinued.

The project had produced a Guiding Philosophy document outlining principles that guided the Model of Care. However, without the Model of Care being implemented, these principles had little practical impact on the operation of the centre.

In 2020, we found that the need for a clear operational philosophy or model was as acute as ever. Staff views on how the centre should run were far from consistent, particularly within the custodial staffing group. Some staff favoured tighter security controls and more consequences for misbehaviour. Others wanted greater focus on welfare and traumainformed practices, and were frustrated by stricter security requirements. The inevitable result was inconsistent management of young people.

Staff need clear guidance on the purpose and objectives of Banksia Hill in order to ensure consistent practices. Previous experience shows that an operational philosophy or model must be more than theoretical. Staff need to be able to understand its practical impact on operations. Once implemented, there needs to be a long-term commitment to the model so that the benefits have time to materialise.

#### **Recommendation 1**

Develop and implement an operational philosophy for Banksia Hill.

#### 2.2 STAFF MORALE

### Morale had clearly improved, but some staff remained disgruntled

Over the past 10 years, Banksia Hill has been a challenging place to work. At times, the frequency and severity of critical incidents has been confronting. Many staff have experienced or witnessed assaults and destructive behaviour, or self-harming behaviour by detainees. In working with highly traumatised young people, staff are also exposed to vicarious trauma. The Banksia Hill workforce has displayed great resilience over many years, but has also grown increasingly fragile.

During our previous inspection in the aftermath of the May 2017 incidents, we found staff morale at a particularly low ebb. Many officers openly acknowledged their low morale and high stress. Some were visibly emotional when discussing their experiences. They had very negative views about the support and communication they received from head office and their senior managers (OICS, 2018a, p. 11).

In 2020, we found that staff morale had clearly improved. Pressure on staff was vastly reduced because detainee numbers were so low. In most of the non-custodial areas of the centre, such as education, psychology and programs, case planning, and health services, there had been many positive developments, and staff were much happier. However, there remained a small but significant group of custodial staff who stated that morale was poor.

Dissatisfaction among custodial staff seemed to be mainly driven by concerns about staffing levels, although this was hard to justify given the very low detainee population. Some custodial staff had heightened fears for their own safety, which may be attributable to the compounded trauma and fragility of some of the custodial staffing group. We have observed over several years now that even minor incidents can trigger feelings of stress and anxiety for some officers. Some officers were simply unhappy with how they perceived the centre was being run, which links back to the need for an operational philosophy to set out the principles that govern operations. The benefits of consulting with staff in the development of this philosophy are self-evident.

Ultimately, we found that the majority of staff at Banksia Hill were positive about their work and the opportunity to work with young people. In our pre-inspection staff survey, respondents rated their quality of working life at 6.3 out of 10, significantly higher than the 2017 result of 4.9. The response for work-related stress was also slightly down from 6.9 in 2017, to 6.1 in 2020.

2020 INSPECTION OF BANKSIA HILL DETENTION CENTRE 8

#### 2.3 COMMUNICATION

## Staff remained dissatisfied with communication from management

During the 2020 inspection, we repeatedly heard from custodial officers that communication with senior management was poor. Senior managers, for their part, were frustrated that their attempts to communicate with the staffing group were not always productive. However, they had acknowledged that communication could be improved, and work was under way to develop a communications plan. The senior management team did hold meetings with the senior officer group, and with the entire staffing group. However, we found that the frequency of these meetings varied. Officers felt that the all-staff meetings did not offer a meaningful opportunity to have input or exchange ideas. They wanted smaller meetings with more opportunity to raise and discuss issues.

It was certainly clear to us that staff and management did not have a shared understanding of several issues relating to the operation of the centre. In some cases, staff views contradicted what we had heard from management. To some extent, we believe this may be linked to the lack of an operational model. It is difficult to ensure consistent communication of a clear direction when no clear direction exists. Throughout our inspection, we were struck by the fact that, despite the apparent gulf between custodial staff and management, the things they wanted were remarkably similar. This suggested that the fundamental issue was with communication.

## 2.4 CUSTODIAL STAFFING LEVELS

## Officers were resistant to reducing staffing levels, despite low detainee numbers

The official capacity of Banksia Hill is listed at 215 detainees. When all accommodation units are open, the roster requires 65 custodial officers for a standard day shift. At the time of our inspection, however, the detainee population was below 80. One unit was closed, and several others had only two out of three wings open. The day shift staffing level had been revised down to 59 officers.

This was far from proportional – the detainee population was more than 60 per cent below capacity and staffing levels had been reduced by only nine per cent. Objectively, the centre was still significantly overstaffed. But many officers were resistant to the idea of reducing staffing numbers at all. During our inspection, we spoke with many officers who insisted that the centre still needed a full shift of 65 officers to run, even though the detainee population was at about 36 per cent of capacity. Officers linked staffing numbers directly to their personal safety. One particular point of contention was a proposal by senior managers to reduce the number of recovery teams.

Many officers also complained that senior management were not filling vacancies on the daily roster with overtime shifts. The reality was that overtime shifts were rarely needed because low detainee numbers meant that the centre could operate normally even with some roster positions vacant. It was unrealistic for staff to expect the centre to pay for overtime to fill positions that were not necessary for operations.

Concerns about staffing levels were at the centre of the dispute between custodial staff and senior management, and generated much of the disgruntlement that existed within parts of the custodial staffing group. The local delegates of the Community and Public Sector Union / Civil Service Association (CPSU/CSA) who represent custodial staff at Banksia Hill were arguing strongly against any reduction in staffing levels or redeployment of recovery officers. There appeared to be a shared desire to resolve difficulties. We saw an opportunity for both sides to come together and find a workable solution. If common ground and agreement cannot be found, then a solution may well have to be imposed on the centre so that services are not impacted adversely.

## Recruitment had been regular, and custodial staffing vacancies were low

In our 2017 inspection, we found that the recruitment of custodial staff had not kept pace with attrition. In early 2017, there were approximately 37 vacancies within custodial ranks, close to 15 per cent of the workforce. Coupled with high workers' compensation and personal leave levels, this contributed to regular staff shortages at Banksia Hill. We recommended a regular program of YCO recruitment that accounts for known staff attrition rates (OICS, 2018a, pp. 12–13).

Although a regular program of recruitment had not necessarily been set, the Department had recognised the need for more regular recruitment of YCOs. Since 2018, the Department had run four entry level training programs for YCOs, which accounted for staff attrition rates. As a result, custodial staffing vacancies were very low. The latest class of 11 new recruits had graduated not long before our inspection, leaving only one vacant position from a total establishment of 253. The important middle management ranks were also mostly occupied – all 18 Senior Officer positions were filled, and only two of 22 Unit Manager positions were not.

### Workers' compensation levels remained high, but were well-managed

Banksia Hill continued to experience high levels of workers' compensation leave. This, along with personal leave, was the main cause of any vacancies on the daily roster. Workers' compensation claims at Banksia Hill have historically been high, but tend to fluctuate depending on the risk level of the centre. During our 2014 inspection, there were 54 active claims, and Banksia Hill had a higher rate of workers' compensation than any other custodial facility in the state. Following that inspection, the centre stabilised for an extended period, and active claims dropped to an average of 16–18. Another important development at this time was the creation of an Injury Management team at head office that provided support in managing workers' compensation claims and return to work programs. However, in 2016 the centre grew unsettled again and the number of critical incidents increased. By the time of the 2017 inspection, active claims had risen to 30.

The number of active claims again trended down during 2019, but began to climb again at the start of 2020. During the 2020 inspection, there were 39 active claims. Of these, 20 staff were on return-to-work programs, and the remaining 19 were unfit for work. Just over 25 per cent of active claims were for psychological or stress-related injury. Although

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critical incidents, and specifically assaults on staff, continued to occur at Banksia Hill, the severity and frequency of critical incidents was certainly much lower than in previous years.

We found that management of workers' compensation claims at Banksia Hill was thorough and effective. A Workers' Compensation Officer from the Workers' Compensation and Injury Management team at head office worked closely with human resources staff and managers at Banksia Hill, and had a regular presence on site. Senior managers, including the Superintendent, were involved with tracking and managing workers' compensation claims, more so than at any other custodial facility within the Department. We spoke with staff on return-to-work programs who were positive about the support they had received throughout the process.

#### 2.5 STAFF TRAINING

## Detainees were locked in cell for staff training, but there were still training gaps

In our 2018 inspection report, we opposed the practice of locking young people in cell for the purpose of staff training. Young people are already locked down for 13 hours or more per day and should not have to spend another three or four hours in cell. We also argued that it was not necessarily the best model for staff training because it was limited to relatively short sessions and did not reach all staff equally. We suggested that other alternatives should be considered, and made a recommendation to deliver staff training without resorting to locking young people in cell (OICS, 2018a, pp. 13–14).

The Department did not support this recommendation, stating that it was an 'operational requirement' to lock young people in cell to facilitate staff training (OICS, 2018a, p. 61). This practice continued in 2020 with a Wednesday afternoon lockdown. This lockdown was one of the most common causes of complaint from young people, both in the preinspection survey and during the inspection. Many found the experience of being locked in cell confronting. Some young people also complained that they were kept in lockdown for longer than training lasted, for up to five hours in some cases. Senior management confirmed that this had been happening because staff were extending the lockdown until the end of their scheduled afternoon break. Staff had since been directed to change the timing of their afternoon break and unlock young people as early as possible.

Despite the lockdown, Banksia Hill had fallen behind in some key training areas. There had been uncertainty about the status of the Satellite Training Officer position, and it had only been filled on contract shortly before the inspection, which had contributed to some gaps in training.

The Department requires custodial officers to complete regular training in six essential modules. In four of these modules, 80-90 per cent of YCOs were compliant with training requirements, but there were major shortfalls in the other two. Only 47 per cent of YCOs were up-to-date with cardiopulmonary resuscitation (CPR) training, and only 34 per cent with 'defence and control' training. Addressing these shortfalls was a priority for the

Satellite Training Officer, but only a small proportion of staff were on shift for any given Wednesday afternoon training session (as we identified in our 2018 inspection report). To overcome this, senior management had approved targeted training of selected staff pulled off the floor at other times.

Effective and timely training is crucial for many reasons. It improves staff confidence and consistency, and is a vital part of building workforce culture. It protects the safety of staff and young people, and assists in the optimal running of the centre. For all these reasons, it is also important for staff morale. We accept that staff training needs to be facilitated as a priority, but we maintain that locking young people in cell is not the best model and stand by our previous recommendation.

#### **Recommendation 2**

Explore options to deliver staff training without resorting to locking young people in cell.

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## Chapter 3

#### **CONTROL AND SAFETY**

#### 3.1 SECURITY AND INTELLIGENCE

## An increase in resources had improved the capacity of the security team

A new Assistant Superintendent Security had been appointed about three months before our inspection. The position had been vacant and filled with acting occupants for more than 12 months prior to that. The security team, consisting of two Senior Officers and an Intelligence Collator, had expanded to include two security support officers.

The new Assistant Superintendent Security had experience working in security in adult custodial services and had identified a list of priorities to address at Banksia Hill. The additional staffing in the security team had allowed for this work to progress at a faster rate. It also meant the security team had improved capacity to investigate and act on incidents and intelligence.

## Security alerts limited association between young people

Following the May 2017 incidents, Banksia Hill introduced a regime that significantly reduced the amount of interaction between detainees from different accommodation units. Prior to this, young people from different units often recreated together, or mixed with each other during education and programs. The new regime kept units separate from each other. They recreated separately, and most services were delivered to them in their unit groups.

In our 2018 inspection report, we acknowledged that this approach had been key to stabilising the centre, but we expressed concern about the impact on young people if this level of separation was maintained. We noted that young people had very little variety in their social interaction with peers, and they complained about being unable to mix with their friends and family from other units. We made a recommendation to '[e]nsure that young people have regular opportunities to mix with their peers in other accommodation units' (OICS, 2018a, p. 27).

In 2020, security considerations continued to limit interaction between detainees in different units. If anything, restrictions on the mixing of units had increased. There was now a long list of security alerts recorded on TOMS, highlighting each young person who had been identified as a risk to or from another young person. At the time of our inspection, there were 258 separate alerts for 55 distinct detainees. This meant that for 71 per cent of the detainee population, there was at least one other young person (often many more) with whom they were not allowed to come into contact.

This had a major impact on the management of young people in the centre. It appeared to be the primary consideration guiding a young person's unit placement. By comparison, other factors such as age or legal status had little influence. Any movement between units, or any activities involving more than one unit, needed to be approved by the security team. Many officers expressed frustration about this and lamented the loss of flexibility dictated by restrictions on association.

We were concerned that this system of alerts, which had its origins in the adult custodial system, was not an effective way to manage conflict between young people. Experience has shown that detainees at Banksia Hill have a high propensity to make threats, and even get into fights with each other. This is an issue that has been managed by custodial staff throughout the history of the centre. In 2020, however, we found little evidence of attempts to mediate this sort of conflict. Instead, the response seemed to be to eliminate all contact between those involved. This does not solve the problem and teaches young people nothing about resolving conflict.

#### **Recommendation 3**

Review security alerts that limit the association of young people.

## Body worn cameras were a valuable tool with potential for wider use

Banksia Hill first introduced body worn cameras in 2016. They were initially used by officers in the recovery teams, and in the ISU because these were the staff most likely to be involved in managing incidents. This had since expanded, with body worn cameras now also issued to all Unit Managers. This made it more likely that there would be camera footage of most serious incidents.

Staff supported the use of body worn cameras and saw them as an essential part of their equipment. They reported that the presence of the camera often prompted the young person to calm their behaviour. They recognised that these recordings protected both staff and detainees and provided a better opportunity to review and learn from the handling of incidents.

We observed a review of several use of force incidents by the Use of Force Committee at Banksia Hill. In most cases, the camera footage was a vital part of the review. However, in some instances a camera had not been turned on. We have found a similar problem in other facilities, where it has been resolved by instructing responding staff to turn on cameras when calling the incident response code over the radio network.

There was a growing number of cameras that had been damaged or stopped working, and this sometimes created a shortage of cameras. When replacing cameras, Banksia Hill should explore more robust options that may be available.

#### 3.2 CUSTODIAL INFRASTRUCTURE

#### There were no security measures to prevent the removal of keys from the centre

Keys are issued to staff in an air lock between the front door of the gatehouse and the entry to the centre. Staff leave the centre via the same route and must return keys before leaving the air lock. However, there is no mechanism to prevent keys from leaving the centre undetected. This is a serious risk, particularly at busy times when many people are moving through the gatehouse. We observed officers in key issue asking some (but not all) people leaving the centre to confirm that they had returned their keys, but this is not a reliable method.

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Most other custodial facilities in Western Australia have a detection system located at the front door of the gatehouse that sets off an alarm if a fob (attached to the key bunch) passes through. Keys are the most important tool in the centre and the biggest risk. Appropriate security measures should be taken to prevent keys from eaving the centre.

#### **Recommendation 4**

Implement appropriate security measures to help prevent keys from leaving the centre undetected.

## The process for searching staff entering the centre was not robust

All staff and others entering Banksia Hill were subject to random searching, which is good practice. However, the method of selecting people for searching was flawed. Essentially, there was a set number of searches required, and staff in the gatehouse determined who was to be searched. We found that it was common practice for searches to be conducted either before or after the peak period when most staff arrived for their shift. Gatehouse staff naturally wanted to keep people moving through the gatehouse quickly at these times. However, this practice compromised the random selection of staff. We also heard that some staff volunteered to be searched when they entered because they had no objection to it. Again, this clearly compromised the process. We were concerned that it was far too easy for staff to avoid being searched.

In other facilities, random selection is ensured by specifying, for example, that every tenth person entering the centre is searched. Some facilities require staff to walk through a metal detector, which can be programmed to alert at random or specified intervals to select staff for searching. However, as discussed below, there was no such technology in the Banksia Hill gatehouse.

The purpose of random searching is to ensure that all staff are equally likely to be searched whenever they enter the centre. There should not be times, even in the busiest periods, when searching happens less often. Nor should some staff be searched more frequently, even if they volunteer, because this means other staff are less likely to be searched. There was clearly a need to improve the method of random selection to strengthen the process for searching staff and others entering the centre.

#### **Recommendation 5**

Improve the method of randomly selecting people entering the centre for searching.

## There was limited technology in the gatehouse to prevent the entry of contraband

Banksia Hill is nominally a maximum-security facility, but we found it lacked many of the security features seen in maximum-security and medium-security adult prisons. The gatehouse had very little in the way of security technology – there was no x-ray machine, or walk-through metal detector, let alone more modern technology such as a body scanner. To detect contraband, gatehouse staff relied on hand-held wand metal detectors, and physical searching. Drug detection dogs also attended regularly, primarily for social visits sessions.

We have already noted deficiencies in the random selection of staff searches. More detection technology in the gatehouse could potentially assist with this and would also add additional layers of security to the centre. Technology can significantly increase the level of scrutiny applied to anybody entering the centre, without significant additional resourcing requirements. At present, unless selected for a random search, a staff member can enter the centre without any scrutiny at all. With contraband detection technology, every person entering the centre would pass through a metal detector or body scanner, or run their belongings through an x-ray machine. This sort of technology is standard in many other facilities and should be considered to increase security at Banksia Hill.

## **Recommendation 6**

Increase contraband detection technology in the gatehouse.

#### 3.3 INCIDENT RESPONSE

#### Officers were concerned about incident response capacity

Following the May 2017 incidents, senior management focused on improving Banksia Hill's incident response capacity. There had been major training gaps – at one point only four per cent of YCOs were up-to-date with Primary Response Team (PRT) training (OICS, 2018a, pp. 13–14). YCOs also felt unsupported by senior management and head office at that time. They genuinely believed that they would be subjected to investigation and disciplinary action if they physically intervened in an incident (OICS, 2018a, p. 11). As a result, there were many critical incidents that could have been prevented or minimised if staff had intervened earlier.

Senior management concentrated on rebuilding the confidence of YCOs and supporting them in their management of incidents. Importantly, the training deficit was addressed, meaning staff felt better equipped to respond to incidents. Senior management also introduced a third recovery team to increase incident response capacity, and a Senior Officer Recovery position to provide leadership and guidance for staff responding to incidents. These initiatives played a key role in restoring the centre to a position where staff were willing and able to intervene and manage incidents appropriately.

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As the centre stabilised, and particularly as detainee numbers began to fall, senior management reconsidered the need for so many resources devoted to incident response. The Senior Officer Recovery position was withdrawn in late-2019, and the third recovery team was under review at the time of our inspection. Many YCOs were highly resistant to this. They felt that the third recovery team was vital to the safe running of the centre. On face value, this was hard to justify given the low detainee population, but they argued that, even with numbers so low, the recovery teams were sometimes all occupied with incidents occurring at the same time. We believe it should be possible to redeploy the third recovery team to cover other positions in the centre, while still allowing them to act as first responders if an incident occurs.

However, we note that each recovery team at Banksia Hill was made up of two YCOs only. In adult custodial facilities, a recovery team typically includes two Prison Officers and a Senior Officer. Without a Senior Officer, there may be uncertainty between recovery YCOs about who takes control of managing an incident. As part of reviewing the status of the third recovery team, the centre should also re-evaluate the need for a leadership position to oversee the recovery teams.

#### **Recommendation 7**

Review staffing of recovery teams.

## Continuing deployment of adult custodial prison officers was problematic

Banksia Hill's incident response capacity was also boosted by the secondment of a team of Senior Officers from the adult custodial system (known as the 'Tango team'). The team originally consisted of five officers and was put in place for three months immediately after the May 2017 incidents. However, their tenure was repeatedly extended, and they remained in place three years later during our 2020 inspection, although the team had shrunk to three officers.

Their role was to assist in reviewing procedures at Banksia Hill and use their experience to provide training to Banksia Hill staff. They also provided guidance and support in managing incidents. Unlike YCOs, they could be authorised to use control weapons, including chemical spray, on young people in custody. This is allowed under section 11E of the *Young Offenders Act 1994* (WA).

However, we do not support permanent stationing of prison officers in a youth custodial facility. We believe the assistance of prison officers, and their use of control weapons, should be used as a temporary response to an emergency situation.

If the intention of the Act was for chemical spray and other control weapons to be constantly available for use against detainees, then it would have authorised YCOs to use these items. But it did not. Therefore, we believe that the ongoing presence of the Tango team undermines the intention of the Act. The Tango team have played their part in stabilising Banksia Hill, but the centre now needs to learn to manage without them.

#### 3.4 BEHAVIOUR MANAGEMENT AND THE INTENSIVE SUPPORT UNIT

## The centre's approach to behaviour management was not clear and consistent

The way that Banksia Hill manages the challenging behaviours displayed by detainees is one of the more important and contentious aspects of the centre's operations. Misbehaviour can range from low-level non-compliance and verbal abuse to dangerous and violent incidents such as climbing on rooftops, damaging property, and assaulting staff or other young people. Correcting these behaviours is the core purpose of Banksia Hill, not just because they are disruptive and destructive within the centre, but because they are precisely the sort of antisocial and criminal behaviours that lead young people into detention in the first place.

Banksia Hill's approach to behaviour management has varied over the years. In the past, we have expressed concern about overly punitive practices (OICS, 2015, pp. 40–41; OICS, 2017, pp. 29–42). In 2016, the Department attempted to move away from punitive practices to a trauma-informed operational model. However, this was poorly implemented, leading to confusion and frustration among YCOs. They felt that their tools for managing behaviour were being taken away, and certainly the behaviour of some detainees deteriorated significantly over that period. This model was ultimately abandoned after the May 2017 incidents.

The May 2017 incidents prompted a new approach. Harding Unit, which had always been used to house boys who displayed challenging behaviour, was renamed the Intensive Support Unit (ISU). The vision of senior management was to deliver a full regime, including programs and education, within the ISU. Boys in the ISU would have the same access to services and activities, but would be separated from the main population. This was the basis for the new Model of Care that was under development.

In reality, the boys in the ISU will always have more limited activities, simply because they are restricted to the ISU. It is important at this point to distinguish between the different wings of the ISU. We have in previous reports, and elsewhere in this report [see 4.4], been highly critical of the observation cells in B Wing. This has sometimes been misinterpreted as criticism of the entire ISU infrastructure. However, young people in the ISU for behaviour management are not held in the observation cells unless they are also deemed to be at risk of self-harm. Young people who spend days or weeks in the ISU will typically be housed in A Wing or C Wing, which are largely identical to wings in the mainstream units. There is an equivalent recreation yard with grassed areas and small basketball court.

In the 12 months after the May 2017 incidents, services in the ISU certainly increased substantially. A fence was built around two demountable classrooms to make them part of the ISU precinct, providing the opportunity for full-time education. Recreation Officers came to the ISU to deliver recreation programs, usually with some of the boys from the earned privilege unit. This allowed boys in the ISU to mix with positive peer role models. A multi-disciplinary team was set up to specifically service the ISU, Aboriginal Welfare Officer (AWO), and psychologist.

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However, as we noted above [see 2.1], the new Model of Care lost focus, and the multi-disciplinary team was disbanded. As a result, our 2020 inspection found that there was less consistent understanding of the objectives of the ISU. Senior managers were clear that the role of the ISU was to provide support to each detainee to address their behaviour, with the goal of returning them to a mainstream unit as soon as possible. However, many YCOs saw the ISU as a place where detainees should be punished for their behaviour, and they should spend a substantial amount of time there for this to be effective.

This reflected staff views on behaviour management in general. Many YCOs told us that the consequences for poor behaviour were not sufficient. In particular, there was a strong perception that detainees were not punished sufficiently for assaulting staff. This was naturally a point of concern for staff who felt that their safety was not being valued. In many cases, this was a matter for the police and the courts, and not within the control of the Department. However, the centre needed to clarify what sort of consequences could be imposed on a young person when criminal charges may be pending.

The inconsistent views highlighted the fact that behaviour management and the ISU need to be at the centre of an operational model and philosophy for Banksia Hill. For the benefit of both staff and detainees, behaviour management practices need to be clear and consistent, and supported by evidence-based theory.

## 3.5 STRIP-SEARCHING

## Ongoing reforms significantly reduced strip-searching of young people

We have criticised the extensive use of routine strip-searching at Banksia Hill as far back as 2008, and have since raised the issue in several reports, and made recommendations to reduce strip-searching (OICS, 2008, pp. 13–15; OICS, 2013a, pp. 109–111; OICS, 2015, pp. 49–50; OICS, 2018a, p. 22). We maintain that a strip-search is an inherently intrusive and humiliating experience, particularly for a young person going through puberty. The experience is likely to be especially traumatising for the many young people in detention who have been victims of sexual abuse. We have also found that strip-searching is not an effective way to detect contraband (OICS, 2019).

Over the last five years, Banksia Hill has made several policy changes aimed at reducing the amount of strip-searching conducted. Strip-searching of detainees when travelling between secure facilities is no longer the default position, and detainees are not routinely strip-searched after social visits. As a result, the number of strip-searches had dropped from 9,067 in 2015 to 1,128 in 2020. It is worth noting that strip-searching had revealed contraband items only seven times in 2020.

Ongoing reforms were likely to lead to further reductions. For example, the centre was in the process of implementing new drug testing procedures, replacing urine testing with a mouth swab. This is a faster method with almost immediate results, and unlike a urine test it does not require strip-searching. Only those who test positive on the mouth swab will be required to undergo a urine test.

In our 2018 inspection report, we observed that most strip-searches at Banksia Hill used the 'half-and-half' procedure. This ensured that the young person was never fully naked and minimised the indignity of the process. However, a full-strip search was still required on admission, which we felt was not justifiable. We recommended that Banksia Hill should '[u]se the half-and-half procedure whenever a young person is strip-searched' (OICS, 2018a, p. 22). In November 2018, a Superintendent's notice was issued to stop full body strip-searches of detainees on admission to Banksia Hill. This policy was incorporated into the new Commissioner's Operating and Procedure (COPP) governing searching, which came into effect in May 2020. The COPP went further by making all strip-searches, including on admission, subject to a risk assessment that required:

a reasonable suspicion that the Detainee has possession of an unauthorised item on their person which:

- a) may jeopardise the safety, good order or security of the detention centre
- b) may be used for self-harm.

In practice, this meant that admissions staff had to rely on information from police or youth custodial staff transporting the detainee to the centre, and prior knowledge of the detainee.

In our view, this was very positive reform, but we acknowledge that admissions staff were uneasy about the change. The policy had only been in place for a few weeks, and they were concerned that it would be taken advantage of by young people to bring in contraband when it became common knowledge. They were also concerned that an opportunity to scan the young person for scars and bruises was lost. However, a strip-search is still permitted as long as it is justifiable under the policy. It simply and appropriately requires staff to assess risk rather than routinely strip-searching every young person.

#### 3.6 OUT OF CELL HOURS

## Young people spent an average of 14 hours per day locked in cell

In previous reports on Banksia Hill, we have discussed at length our concerns that young people spent too much time locked in cell (OICS, 2015, pp. 57–59; OICS, 2018a, pp. 22–24). In our review of the 2013 riot, we found that regular and prolonged lockdowns had contributed to detainee frustration and to the riot itself (OICS, 2013a, pp. 35–36). We have also criticised inaccurate recording of lockdown hours, which understated the amount of time spent in cell by detainees, particularly those on Personal Support Plans (PSPs) in the ISU. In our 2018 inspection report, we acknowledged that the accuracy of recording time in cell had improved, and detailed observations of young people on PSPs were being recorded. However, this data was collected in a spreadsheet only, and we recommended that the system should be built into the TOMS database (OICS, 2018a, pp. 23–24).

This was eventually achieved in early 2019, ensuring better accuracy and transparency around young people on PSPs. Our 2020 inspection found that recording of time in cell for all detainees was generally accurate and reliable. However, we felt that out of cell hours remained too low.

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The shift structure – with each day split into a 12-hour day shift and a 12-hour night shift – played a large part in dictating out of cell hours. Young people were locked in cell for at least 12.5 hours overnight. The day shift included staff breaks, which created two lockdowns of about 45 minutes each. This meant, at best, young people were out of cell for 11 hours per day. Any unscheduled lockdowns because of staff shortages or incident management impacted further on this. And the Wednesday afternoon lockdown for staff training brought the average down [see 2.5 above]. As a result, young people had an average of only nine to 10 out of cell hours per day throughout 2020. In our view, this is fundamentally not enough out of cell time. We have previously recommended that the Department should explore ways to increase out of cell time, and consider a later evening lockdown as part of an incentives scheme for detainees who have earned extra privileges (OICS, 2015, p. 59).

## Chapter 4

**SERVICES** 

#### 4.1 ADMISSION AND ORIENTATION

## Admissions were handled well by skilled and experienced staff

Admissions at Banksia Hill are quite different from the adult custodial system because of the profile of young people arriving at the centre. A high proportion were received on arrest – more than three-quarters in 2019–2020. They mostly come directly from police custody and can be delivered by police at any time of day or night. Other young people are received from court, transported either from Perth Children's Court or a regional court by youth custodial transport staff. Around 21 per cent of admissions arrived from court on remand, and less than three per cent were sentenced.

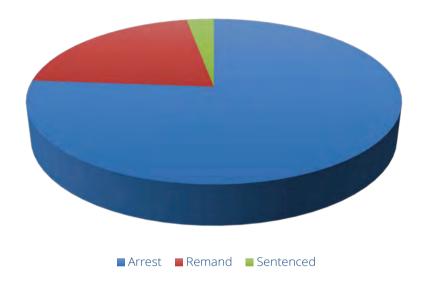


Figure 4-1: Banksia Hill admissions by status, 1 July 2019 - 30 June 2020

Many young people who arrive on arrest (and some who arrive from court) are stressed, upset, sleep-deprived, and drug-affected. We found that admissions staff were highly skilled at managing young people in these circumstances. Interactions were calm and positive, and staff displayed genuine care and understanding for each young person. Food was always available in admissions and offered to new or returning detainees as needed. Parents or caregivers (and in some cases the Department of Communities) were notified of all admissions.

A nurse conducted a preliminary assessment to determine if the young person was medically fit to be admitted to custody. A further medical assessment was conducted as part of the admissions process, although this was only a brief checklist following a recent change in process [see 4.4]. When we observed this initial medical checklist being administered by a nurse, we were concerned that two YCOs remained in very close proximity. We felt that the lack of privacy could potentially stop a young person from providing a full response, although a more thorough medical assessment was conducted within a few days.

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Admissions staff relied on their experience and training when administering an admission checklist and making determinations about risk and initial placement of a young person. Those deemed at risk were placed in an observation cell. Otherwise, boys admitted during the day were placed initially in Karakin Unit, and girls in Yeeda Unit. If admitted in the late afternoon or evening, the young person stayed overnight in a holding cell in the admissions centre before being transferred to one of these units.

In our 2018 inspection report, we commented negatively on the holding cells, describing them as bare and featureless (OICS, 2018a, p. 25). In 2020, we found that improvements had been made. All holding cells had been decorated with painted murals on the walls, and three out of five now featured an in-built television. This helped to alleviate boredom and anxiety, reducing risks for both staff and young people.



Photo 1: One of the holding cells with new wall mural.

#### Orientation processes were sound, but some detainees wanted more support

Admissions staff completed an Immediate Needs Checklist with new detainees on arrival and gave them a copy of the Banksia Hill handbook. Within three days, unit staff carried out a Detailed Orientation Checklist, which included a tour of the centre if the young person was in custody for the first time. But none of the young people we spoke to during our inspection had seen the orientation video. We heard that it was out-of-date, and a new one was being produced.

Young people certainly had plenty of early contact with staff from different parts of the centre. In their first one to three weeks, young people had varying levels of contact with a

teacher, an Aboriginal Welfare Officer, a Senior Case Manager, a psychologist, and a nurse. They also saw various YCOs in their unit, including the Unit Manager. Despite this, some young people expressed to us that it was some time before they had an opportunity to properly discuss their situation. It is likely that the young person was not ready to talk or was more likely to talk only to certain people they grew to trust. But it may be possible to coordinate among staff more closely to ensure each young person has a chance to talk more fully with someone in the first few days.

#### 4.2 ABORIGINAL SERVICES

## Some areas focused strongly on Aboriginal culture, but this was inconsistent

Aboriginal young people continued to be overrepresented at Banksia Hill, making up 74 per cent of the population at the time of our inspection. We have previously stated the need for Banksia Hill to reflect Aboriginal culture, and deliver services in a culturally relevant way (OICS, 2015, pp. 16–19; OICS, 2018a, pp. 34–36). There were certainly some services and aspects of the centre that included good recognition of Aboriginal culture, but in other areas this was lacking, and there were some missed opportunities.

In education, there had been a push to include more Aboriginal content in the curriculum. Aboriginal artworks and learning materials were prominent in classrooms, and around the education buildings. There was a new mural depicting the six Noongar seasons at the entrance to the main education centre, and the new school logo incorporated the native biara flower. Several of the urban art pieces around the wider centre incorporated depictions of country and Aboriginal motifs.

There had been efforts to bring Aboriginal service providers from the community into the centre. The Wirrpanda Foundation had been successfully delivering services to Aboriginal young people at Banksia Hill for several years. Wungening Aboriginal Corporation was a key partner in the Beyond YJS consortium that held the main re-entry services contract for Banksia Hill and contributed valuable culturally appropriate programs. During mid-2020, when many services had ceased because of COVID-19 restrictions, the Department contracted short-term programs from the Indigenous Players Alliance and the National Suicide Prevention and Trauma Recovery Project. Both utilised cultural connections and brought Aboriginal facilitators and mentors into the centre [see further discussion below at 5.4 and 6.3].

Staff from the Aboriginal Visitors Scheme attended the centre three days a week, and there were occasional visits from an Aboriginal elder. Banksia Hill itself employed 18 Aboriginal people, making up around five per cent of the workforce. This included 12 custodial staff, four AWOs, and two Aboriginal Education Officers. All provided a crucial link to community and culture for young people. All felt the burden of balancing community and cultural obligations with their work responsibilities. While they provided support to each other informally, there was no structured committee or support group for Aboriginal staff.

In 2020, we found that the AWOs were more involved in key processes such as case planning meetings and at-risk management processes. This indicated that their skills and community connections were valued and utilised better, and that cultural understanding was being incorporated more in the running of the centre.

However, cultural activities for young people were still rarely a feature of daily operations at Banksia Hill. The cultural meeting place and fire pit were underwhelming and seldom used. Traditional Aboriginal foods such as kangaroo meat and damper were not regularly available outside of NAIDOC Week celebrations.

There are some legacy features of the centre that feel increasingly culturally insensitive. For example, the accommodation units are named after rivers and landmarks in Western Australia, but these are not the names given by the traditional owners. Instead, almost all are named after colonial-era settlers and explorers.

Banksia Hill also misses the opportunity to take advantage of the hill after which it was named. The hill was deliberately retained as a design feature of the centre, with native plants and trees preserved. It provides an absolutely unique opportunity for staff and detainees to connect with native bushland within a custodial facility. Over time, however, it has come to be seen as a security risk more than anything else, and it has been declared out of bounds for many years now. The centre should consider how it might be better utilised.



Photo 2: The cultural meeting place was not inspiring and was not used regularly.

#### 4.3 GIRLS IN CUSTODY

# The complexity of the population of girls presented challenges

Girls at Banksia Hill are accommodated in Yeeda Unit, which has three standard wings with a total capacity of 25. There are three smaller units within the Yeeda precinct – Peel (four self-care rooms), Cue (four observation and isolation cells) and Nicol (nursing station and staff offices). The precinct also includes three classrooms and a programs room.

The demographic profile of the girls held in Banksia Hill is dynamic. At the time of our 2020 inspection, the centre accommodated just 10 girls. The girls ranged from 13 to 17 years of age, and eight were Aboriginal. Seven came from the Perth metropolitan area, and three from regional areas. Six were on remand, and four were sentenced. The longest-serving had been in custody for 240 days, and the shortest for just three.

The diversity of this group is typical for Yeeda, which makes the delivery of appropriate services a particular challenge. Furthermore, as is often the case, the interpersonal dynamics of the group were complex, leading to conflict and tension. Such dynamics can further complicate service delivery.

In the past, we have found that these challenges had proven too great for the centre to overcome. Previous reports note that the girls often had little purposeful, structured activity, and were missing out on opportunities that were available to boys (OICS, 2013b, pp. 27–40; OICS, 2018a, pp. 31–34).

#### Services to girls at Banksia Hill had increased

Positively, our 2020 inspection found that the situation for girls at Banksia Hill had improved. Key staff members in areas including case planning, clinical programs, and recreation had developed and implemented a range of new or enhanced services for the girls.

For example, the Senior Programs Officers had identified and introduced an evidence-based treatment program specifically targeting young women and girls. This program, known as Voices, had successfully been run twice [see further discussion at 6.4]. The Senior Programs Officers had also modified the Emotional Management program that was already available for the boys and introduced it for the girls as well. The increased availability of evidence-based clinical programs for girls was a considerable improvement on previous years.

Similarly, a new and enthusiastic recreation team had introduced a regular recreation timetable that involved the girls on a daily basis. This included not only an improved range of sports programs, but also personal support and mentoring. This was championed by a dynamic female recreation officer who was committed to working with the girls on a personal level. Again, this was a very positive development for the girls, and a credit to the staff involved.

Case planning staff had also made special efforts to ensure that girls had access to programs brought into Banksia Hill by external providers. This included the Australian Army Cadets program, and a number of programs run by different sporting groups.

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In another positive development, during our inspection two girls were approved to move into Peel Unit, the self-care house. In our 2018 inspection report, we commented on the fact that girls had less opportunity to achieve self-care status than boys (OICS, 2018a, p. 32).

# There was no strategic plan for the management of Yeeda Unit and the girls

In our 2018 inspection report, we found that senior management responsibility for the girls was inconsistent and ineffective. Yeeda Unit was nominally managed by the Assistant Superintendent Female and Cultural Services. In practice, however, little of the position's time and attention was given to the oversight of the unit (OICS, 2018a, p. 33).

In 2020, the position had been restructured, and renamed the Assistant Superintendent Specialised Units and Safer Practice. A permanent appointment had been made about one month before our inspection. We were told that the new position would be responsible for the management of Yeeda as a 'specialised unit'. However, the role was still in transition, and distribution of responsibilities among the senior management team was less than certain. At the time of our inspection, there was nobody with clear management responsibility for Yeeda Unit. There was also no strategic document relating to the management of girls at Banksia Hill.

As we have observed, services for the girls had certainly improved in 2020. But this had not come as the result of a single, cohesive management strategy. Without a structured plan or framework, there is a risk that recent gains may be lost in the event of personnel changes. A strategic management plan should be put in place to support innovations and maintain the services Yeeda Unit now offers.

# **Recommendation 8**

Develop and implement a strategic management plan to guide the delivery of appropriate services for girls at Banksia Hill.

## Yeeda Unit had its own staff, but some officers remained unwilling to work there

In our 2014 inspection, we found that some staff had negative attitudes towards working in Yeeda Unit with the girls (OICS, 2015, p. 89). This had improved by 2017 (OICS, 2018a, p. 33), and in 2020 we were pleased to find that the attitude of staff working in Yeeda Unit was generally very positive. Yeeda Unit had its own roster made up of YCOs who had an interest in working with the girls and chose to be there. We spoke with several YCOs who were passionate and dedicated to working with the girls.

However, shift swaps and redeployments still occurred within the YCO group, which sometimes meant that staff were unwillingly working in the unit temporarily. In previous inspections, we have found that having staff in the unit with less positive attitudes often resulted in higher levels of tension and confrontation for that day (OICS, 2013b, p. 24). This was far less evident than it had been in previous years, but the effect of this sort of attitude could

be significant. The majority of staff that we spoke with in Yeeda Unit were committed and positive about working with the girls, and supportive of their needs. However, we also heard, within earshot of the girls, a YCO complaining about having to work in Yeeda Unit against their wishes. This was not only unprofessional, but destabilising and potentially harmful for the girls.



Photo 3: A girl playing basketball during recreation time in Yeeda Unit.

# 4.4 HEALTH SERVICES

# Health services had increased, and detainee satisfaction had improved

Banksia Hill's health services team were positive and cohesive, delivering a high standard of services. They reported good working relationships with other areas of the centre, including custodial staff. Since our previous inspection, the team had added a new and very experienced Clinical Nurse Manager, and a well-regarded Mental Health Nurse. A new Senior Medical Receptionist also started during our inspection, meaning the health centre was fully staffed. The Clinical Nurse Manager led a team of clinical nurses that provided 24-hour coverage. Two clinical nurses were on shift every day from 7.00 am – 7.00 pm, and one covered the night shift.

Compared to many health centres in the adult custodial system, Banksia Hill had very short wait times to see a nurse. If a young person requested an appointment, they were generally seen that day, or the following day at the latest.

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Services from the attending general practitioner had increased from once to twice per week, and dental visits had increased to a full day per week. This meant that the dentist could provide proactive treatment and education, essentially equivalent to school dental check-ups in the community.

Our pre-inspection survey found that detainee satisfaction with health services had increased significantly since 2017. The results were also vastly better than the state average compiled from surveys in adult prisons. This was a very positive reflection on the service provided by the Banksia Hill health centre.

Table 4-2: Percentage of survey respondents rating each service as 'good', 28 July 2020

Service	2020	2017	State average (adult custodial)
Health services	75%	63%	38%
Dental services	60%	30%	18%
Mental health services	65%	53%	17%

One gap that remained was the lack of an Aboriginal health worker. The Clinical Nurse Manager and many of the other nurses were experienced at working with Aboriginal patients, and generally had a good level of cultural competency. But there is no doubt that an Aboriginal health worker would be valuable for a detainee population that was 74 per cent Aboriginal.

In our 2018 inspection report, we suggested that the Department pursue links with an Aboriginal training organisation to provide practicum placements for students, and recruit Aboriginal health workers (OICS, 2018a, pp. 51–52). Although this had been supported by the Department, and there had been a wide-ranging interagency review of health service provision and governance within corrective services, there had ultimately been no change. We therefore encourage the Department to continue to explore options to assist in the provision of culturally appropriate health services.

# Mental health services were strong, but there was a resourcing gap

Mental health services were delivered by a full-time mental health nurse, and a psychiatrist one day a week. They provided a good level of service for young people and had built positive working relationships with other staff at Banksia Hill. They held regular case conferences with the psychology team to discuss complex cases, and the mental health nurse was centrally involved in at-risk management processes [see 6.6].

Outside of Banksia Hill, the psychiatrist worked at the East Metropolitan Youth Unit (EMyU), which provides inpatient mental health care for young people aged 16–24, and is where Banksia Hill detainees are sent when they need inpatient mental health treatment. This was a valuable link, providing continuity of care and assisting with communication between EMyU and Banksia Hill.

With the psychiatrist on site only one day per week, the mental health nurse was a crucial resource. However, we noted that the position was not backfilled when the mental health nurse took a short period of planned leave during our inspection. There was one detainee who required a mental health assessment in that period. Because no coverage was available for the mental health nurse, the assessment was delayed until the following day when the psychiatrist was on site. That detainee was promptly admitted to EMyU.

The absence of mental health cover for periods of planned leave poses an unacceptable risk. The Department must ensure that Banksia Hill's health centre has adequate support in the future, either in terms of additional resourcing or access to short-term relief positions.

#### **Recommendation 9**

Ensure that additional resources are available to cover the mental health service in the event of staff absences or leave.

# A new health screening process on admission was proving effective

In response to the COVID-19 pandemic, the health screening process for young people arriving at Banksia Hill had been changed to include risk factors for COVID-19. This had prompted the health services team to trial a new two-stage health screening process.

Previously, when a young person was admitted to Banksia Hill, a nurse would complete a full health screening as part of the admissions process. This would often occur late at night, and the young person was often in a distressed or intoxicated state.

The new process used a much briefer initial screening that focused on COVID-19 related questions, urgent needs, and medical history (including medications, allergies, mental health, self-harm, and substance use history). If any issues were identified in the initial screening, that young person was prioritised for a follow-up appointment involving a full health screening within 24–48 hours. Otherwise they would have a follow-up appointment within five days.

The health services team had identified two main benefits from the new process. Firstly, they were getting more information from young people by completing the full health screening a few days after admission. The young people were more settled, and not as tired or upset as they typically were when they first arrived.

Secondly, the brief initial screening was a much more efficient use of resources. Many young people arrive at Banksia Hill on arrest, often during the night, and are released the next day. Conducting a full health screening on these young people was unnecessarily time-consuming. The two-stage screening was a good initiative that was working well.

# Health infrastructure had been optimised, but crisis care facilities were still deficient

In our 2018 inspection report, we criticised poor use of space in the health centre. The main consult area was an open space, separated from the rest of the health centre only by a curtain,

and this compromised patient privacy. There were some other spaces in the health centre that were not well utilised (OICS, 2018a, p. 50).

In 2020, we found some important changes had been made to address this. The former waiting area had been converted into a therapeutic consult room, with soft furnishings (sofas, cushions, bean bags, and throw rugs), colourful artwork, activities for the young people, calming music, and even an oil diffuser. There were few other spaces in the centre as welcoming and child-friendly. It would be used as a consult room by the mental health nurse and included office space for the mental health nurse. It would also be available for other consults, and small group education sessions on topics such as sexual health and first aid

This allowed the mental health nurse's former office to be used as a consult room by other staff, and the old consult area that lacked privacy would be used only for treatment. This was a much better arrangement.



Photo 4: The therapeutic consult room created in the health centre. It has been given the Noongar language name 'Moorditj Kart Wangkiny Mia Mia' – meaning 'feeling good, talking in the health centre'.

In 2017, we found that the nursing station in Yeeda Unit was not being used. The girls had to leave Yeeda Unit to attend the health centre, which sometimes exposed them to unwanted attention or harassment from the boys (OICS, 2018a, pp. 50–51). We were pleased to find that the nursing station was back in use in 2020. Basic services, such as dressing wounds and dispensing medication, were routinely performed within Yeeda

Unit. The girls were only required to attend the health centre for blood tests, vaccinations, and specialist appointments.

The most critical infrastructure shortfall at Banksia Hill continued to be the lack of a proper crisis care unit. We have highlighted this issue in successive reports with multiple recommendations (OICS, 2015, pp. 83–84; OICS, 2018a, pp. 53–54). In 2020, although the centre had developed proposals to improve the existing infrastructure, the Department had been unable to provide funding, and there had been no change.

The four observation cells in B Wing of the ISU remained the only option for managing young people who were acutely mentally unwell. Other wings in the ISU continued to hold young people displaying unsettled or challenging behaviour, making it a less than ideal environment for crisis care.

We have previously described the observation cells themselves as 'stark and confining' (OICS, 2018a, p. 53). In fact, the infrastructure had degraded since our earlier reports, and the cells were now in much poorer condition. The windows were so scratched that it was difficult to see through them, and there was extensive graffiti on the walls. There was no indoor common area so young people spent most of their time in cell. The only outdoor space was a caged concrete yard.



Photo 5: Observation cell windows were scratched and damaged.

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Photo 6: Graffiti had been scratched into observation cell walls.

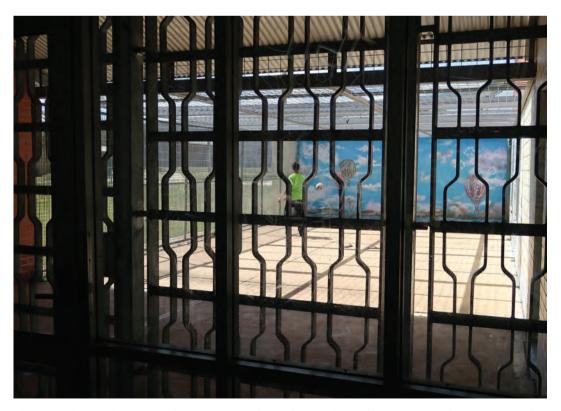


Photo 7: The outdoor space for young people in observation cells was a caged concrete yard.

It was not a therapeutic environment for young people in crisis. Once again, we highlight the need for a purpose-built crisis care unit, where young people who cannot be managed in an ordinary unit can be kept safe. They should be able to have supportive social interaction with peers and staff in a calm environment which supports their recovery. They should have access to activities inside and outside, and access to support by telephone and visits from family.

#### **Recommendation 10**

Prioritise the development of a purpose-built crisis care unit at Banksia Hill.

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# Chapter 5

#### LIVING CONDITIONS

#### 5.1 TREATMENT AND RESPECT

# Relations between YCOs and detainees were good, but limited by the shift system

The relationships between young people and YCOs were generally strong. We observed many positive interactions during our inspection, and most YCOs impressed as concerned for and committed to working with young people. They were often seen talking with young people in the wings or engaging in recreation with them. We found they were usually attentive to the needs of detainees, although some detainees told us that they were not getting the help or feedback they wanted. Many YCOs were liked and admired by young people. In our pre-inspection survey of young people, 68 per cent of respondents reported that they get along well with officers.

The quality of the relationship is particularly important at Banksia Hill because it is an opportunity to model respectful behaviour. Young people learn the expectations for how they should treat others, and how they should expect to be treated themselves. A good relationship between staff and young people is also key to managing behaviour and security risks in the centre. Shortly before our inspection, staff were able to prevent a serious incident because of intelligence provided about what was being planned by detainees.

However, the shift system limited the impact YCOs could have with individual young people. YCOs were rostered on a 12-hour shift system in which they work ten shifts in 21 days, usually including a few night shifts. This reduced the continuity of contact with young people and limited their ability to get to know them. As a result, YCOs were less involved in case management of individual young people. It also made it difficult to use the particular interests and talents of YCOs to run activities for young people because no YCO can be available at the same time each week. Only the simplest unit activities such as sport and cooking could be provided with any frequency.

# 5.2 ACCOMMODATION UNITS AND GROUNDS

# Accommodation units were bare and unwelcoming, with widespread graffiti

Banksia Hill was originally designed and constructed with residential-scale buildings, and unobtrusive security infrastructure in a campus-style facility. When the centre expanded in 2012, the first two-storey units were built (Urquhart Unit and Yeeda Unit). Additional security infrastructure was added in response to serious incidents over several years. All units except Murchison Unit are now surrounded by secure fences, and grilles cover all cell windows and unit office windows. Grilles had also been installed at both ends of accommodation wings in the ISU, Jasper Unit, and Karakin Unit. Security infrastructure was now a highly visible feature of Banksia Hill, and made it appear much like an adult prison.

Over the last five years or so, the centre had been decorated with numerous urban art murals in an attempt to offset the harshness of the security infrastructure, and make it look more like a place for young people. The latest addition had been the painting of stylised unit names on the back wall of the outdoor half-basketball court in each unit. This, and the other urban art around the centre, was excellent, especially because detainees had been involved in creating the murals with the artists.

#### LIVING CONDITIONS

But this was countered by the stark conditions inside the accommodation units. There had been nothing done to decorate residential wings to make them more welcoming or homely. There were none of the posters, artwork or personal touches on display that we have seen in the past. Walls were bare and stained with grime in places. Girls had sets of lounge chairs in wings, but boys' wings typically had nothing more than a single lounge chair, and a table tennis table bolted to the floor.

Kitchens had been stripped of anything deemed a security risk. Stove tops and ovens had been removed except in self-care units. Full-sized fridges had been replaced with bar fridges from which top covers had been removed, leaving them looking damaged and ugly. Even drawers and cupboard doors had been taken away, leaving empty cabinets. This added to the barren appearance of the units.

Young people were also quite restricted in their ability to decorate their own cells, with photos and posters confined to a small area within the shelving. Property allowed in cells was also very limited. There was little sense of identity or ownership, either in cells or in the wings.

Graffiti damage was extensive, particularly in cells, and in the education toilet blocks. It had been allowed to proliferate so much that it was no longer realistic to try to stop detainees from adding more. Staff could not tell if new graffiti had been added because there was so much already there. Judging by some of the names and dates scratched into the walls, there was graffiti that dated back three or four years. Senior management acknowledged the problem and had plans to re-establish a painting crew to start addressing it. There is also a wider need to improve the physical environment of the units to create more decent living spaces appropriate for young people.

#### **Recommendation 11**

Improve the furnishing and aesthetic appearance of accommodation units and cells.



Photo 8: The bare interior of an accommodation unit.



Photo 9: Graffiti in the toilets in the education centre.

#### LIVING CONDITIONS

## Grounds were untidy and overgrown in parts

While gardens and grounds towards the front of the centre were well presented, other parts of the centre were not well maintained. The grounds around the units and the oval were overgrown with grass and weeds. There was also rubbish lying around in some parts of the grounds. Disappointingly, this included the Aboriginal meeting place. The overall impression was that areas of the centre were untidy and uncared for.

Senior management explained that the centre had been without any grounds staff for some months, and a new grounds officer had only been appointed a few weeks before our inspection. There had not yet been time to bring the whole site back up to standard, but they were working towards it.

#### 5.3 FOOD

# Kitchen staffing had been adjusted, and satisfaction with food was much improved

The kitchen continued to be staffed by workers from an employment agency. Local management had presented several business cases to bring kitchen staff in-house, but without success. The ongoing contracting arrangements were expensive (\$530,000 in 2019–2020), and the centre had been less than satisfied with the service. Detainee satisfaction with meals had also been low.

Throughout 2020, Banksia Hill had worked closely with the Department's Catering Coordinator to drive improvements in kitchen management and meal quality. At the time of our inspection, the kitchen contract was being transitioned to a new employment agency. The quality of meals had reportedly improved markedly, and there had been positive feedback from young people. The importance of this should not be underestimated because hunger undoubtedly influences the behaviour of young people.

During our inspection, young people were generally happy with the food, but we did hear frequent complaints about one or two specific meals. Kitchen staff were responsive to complaints, and made efforts to address issues with meal quality, including rearranging their shift patterns to ensure that the evening meal was fresher when delivered to the units.

The overall rise in satisfaction with food was reflected in our pre-inspection survey of young people – 58 per cent of respondents rated food quality as good compared with just 21 per cent in 2017, and 72 per cent rated quantity as good compared to 45 per cent in 2017.

However, there was no evidence of kangaroo meat or other cultural foods being made available on a regular basis. And standard units had no capacity to use barbeques or do any cooking except when staff bring out an electric frypan for bacon and eggs on Sunday, or for other occasional cooking activities. The self-care units were supplied food on a daily basis so there was no opportunity to plan and make choices or learn to properly manage food storage. This was a missed opportunity to develop important life skills and responsibility.

#### 5.4 RECREATION

## Recreation was well managed, with some innovative programs on offer

Recreation was run by two Recreation Officers with diverse personal strengths, and three rostered YCOs. They reported to the Coordinator Youth Custodial Re-entry Programs and Services. This team worked hard to provide a detailed weekly program of recreation to young people in all units, including the girls in Yeeda Unit, and the boys being managed in the ISU. Overall, the scope and reach of the recreation program was impressive.

Physical education sessions were delivered in the gymnasium for each unit during school hours, and one-hour sessions ran twice per day in the ISU. A range of specialist sport programs were provided by external organisations, including Carey Baptist College (athletics), Rugby WA (rugby union), and Football West (soccer). In addition, Banksia Hill staff ran AFL, basketball, and netball programs. All were available for both boys and girls in separate sessions, except soccer (boys only) and netball (girls only). Netball was part of a mentoring program for the girls.

At the height of COVID-19 restrictions, when most external organisations had stopped attending the centre, the Indigenous Players Alliance came in to run an eight-week football and basketball coaching and mentoring program. Based on this, the Department put out a tender for a football and basketball program. It was hoped that the successful applicant would have the expertise and resources to run an effective program in the longer term.

The recreation team worked with unit staff to provide additional recreation activities after school and on weekends with rostered access to the gymnasium. Activity boxes provided to the units offered passive recreation options such as board games, cooking, painting, and wood burning. We observed lots of activity on the weekend, with units rotating between the oval, tennis courts, gymnasium, volleyball, and unit-based activities such as cooking, table tennis, and basketball. YCOs were often seen not just running activities, but joining in with young people. However, there was frustration among both detainees and some staff that weekend football had repeatedly been cancelled because of ongoing security concerns. This was often related to restrictions on contact between certain detainees [discussed above at 3.1].

Over the past three years, Banksia Hill had introduced several innovative and pioneering activities. In 2017, the Australian Army Cadets program commenced, tailored to the development needs of young people of Banksia Hill. A total of 60 boys and 24 girls had participated by late-2019.

In 2018, the Fire and Emergency Services Commissioner and Corrective Services Commissioner collaborated in establishing a Youth Emergency Services program, providing valuable skills for use in the community. Detainees took part in firefighting exercises, learning first aid, casualty handling, how to tie basic knots, and how to read maps and navigation instruments. Forty-nine boys had graduated from this program.

#### LIVING CONDITIONS

In 2019, Banksia Hill became the first youth custodial facility in Australia, and only the second in the world, to hold a parkrun, a five-kilometre timed run or walk held on Saturday morning. As well as the obvious health benefits, parkruns are held in many locations in the community where people leaving custody can mix with others and reintegrate. Even though parkruns shut down globally because of the COVID-19 pandemic, Banksia Hill continued to run similar events unofficially, one for boys and one for girls every Saturday.

#### 5.5 FAMILY AND SOCIAL CONTACT

# Limited visits facilities were further restricted by COVID-19 distancing measures

We have previously observed that the small size of the visits room at Banksia Hill restricted the number and quality of visits that could occur. Cramped conditions meant that tables were close together so there was little privacy for each group (OICS, 2018a, p. 29).

In 2020, the visits room remained unchanged, and limitations had been exacerbated by COVID-19 distancing measures that were in place. The room had been set up so that each detainee sat at one table, and their family sat at a separate table with a gap of at least one metre taped off in between. This meant that the young person and their visitors were two to three metres apart. With such distance between them, there was no chance of any intimacy or privacy. These arrangements allowed only three visits to take place at any given time, with each group able to clearly hear the conversations of the others. The atmosphere in the room during visit sessions was strained and uncomfortable.

We expressed our concerns about these measures during the inspection, noting that they were more extreme than at most of the adult prisons in the state.

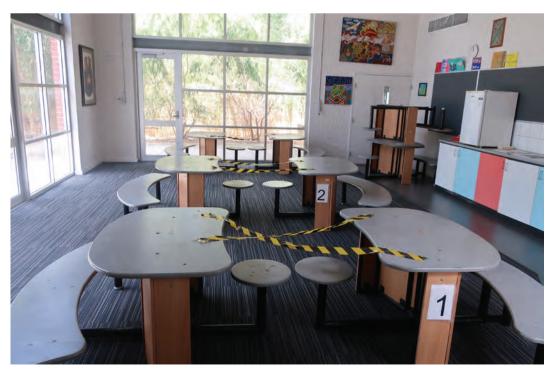


Photo 10: COVID-19 physical distancing measures in the visits room.

#### LIVING CONDITIONS

## Access to telephone calls and e-visits had improved

Social visits had been cancelled altogether between April and June because of COVID-19 restrictions. In response, the Department had expanded the e-visits and video-link capacity of Banksia Hill (and other custodial facilities around the state). At Banksia Hill, 99 social e-visits were recorded between the start of April and early June.

Young people were also granted free and unlimited telephone calls for the period that visits were cancelled. Access to telephone calls had returned to normal by the time of our inspection. Young people had seven free calls per week and could purchase five more if desired. Those with earned privileges could access up to 12 free calls, plus the ability to purchase 10 more.

Banksia Hill also facilitated 30 inter-facility e-visits (mainly by video-link), and 39 inter-facility phone calls in the April–June period for detainees with adult relatives in custody. These were organised by the AWOs who worked hard with video-link operators in other facilities to set up these calls. They also needed to seek permission from parents, guardians, or the Department of Communities.

# Chapter 6

#### **EDUCATION AND REHABILITATION**

#### 6.1 EDUCATION

# Significant improvements had been made in education

Our previous inspection reports have detailed at some length our concerns about the quality of education at Banksia Hill (OICS, 2015, pp. 70–77; OICS, 2018a, pp. 43–49). The overall conclusion of our 2018 report was that education at Banksia Hill was not meeting community standards. We suggested that unless significant progress could be achieved in the next three years, serious consideration would need to be given to transferring responsibility for education at Banksia Hill to the Department of Education (DoE).

In 2020, we were pleased to find that significant progress had been made, and education services were in a much stronger position. DoE had become much more involved, and a transfer of responsibility to DoE had been explored as part of a review of education services at Banksia Hill conducted by external consultants. The outcomes of the review were uncertain at the time of our inspection, and there are undoubtedly advantages and disadvantages associated with a transfer to DoE. However, it is likely that many of the resourcing issues discussed below would be addressed if responsibility was transferred to DoE. Regardless of which way this decision ultimately goes, DoE ought to play a significant role in supporting education for the young people in Banksia Hill.

In any event, we were focused on how education was being delivered at Banksia Hill at the time of our inspection. There had been many improvements since our previous inspection in 2017.

The Principal position had been re-established and a permanent appointment had been made. This had restored much-needed leadership and direction for education. The Principal had developed a strategic plan for education, and education had been granted increased autonomy with a separate education budget managed by the Principal. These developments addressed three of our four recommendations in relation to education from our previous report.

Our fourth recommendation was to introduce a protective behaviours program as part of the curriculum, in line with public school requirements. This too had been achieved, with delivery of the 'Safe Circles' protective behaviours program commencing in 2019. This type of program is particularly important for young people at Banksia Hill, so many of whom have experienced childhood trauma and abuse.

Beyond this, we found many other improvements during our inspection. One of our biggest concerns during our 2017 inspection was the shortage of teachers. It was common for a class of young people to be supervised by a custodial officer because there were not enough teachers available. In 2020, we found that this problem had been resolved. The Principal now had approval to maintain a pool of relief teachers to cover any absences.

More effort was made to stream classes according to educational level, although this was still limited by the fact that young people were only allowed to be in a class with others from their accommodation unit.

The educational level of each student was better known because the school was conducting more rigorous assessments on entry. They had also started reassessing students before release, which meant they could start measuring educational outcomes.

The Principal and Deputy Principal were driving higher standards and accountability in the classroom. This included requiring teachers to follow a daily timetable, submit lesson plans, and write semester reports. Explicit direct instruction was actively encouraged – essentially teachers were expected to stand in front of their class and deliver lessons. This had not previously been the case and had not really been possible before classes were streamed.

The school continued to deliver a curriculum based on the Certificate of General Education for Adults (CGEA), which provided the necessary flexibility to cater for the varied educational backgrounds and achievement levels of students. Students with the very lowest education attainment levels studied the Entry to General Education (EGE). Older students (including those beyond compulsory school age) could pursue vocational education via the Gaining Access to Training and Employment (GATE) course.

The school was also running an intensive literacy program called Sounds Write for the highest needs students. This involved mainly one-on-one sessions with a teacher specially trained in the evidence-based techniques of the program. There had been some excellent results from this program, and there were plans to expand its reach by rolling out training to a wider group of teachers. We strongly support this initiative.

Other notable courses that were complementary to the standard curriculum included White Card (a safe work qualification required for employment in the construction industry), and Keys For Life (preparing young people for safer driving).

The Principal was committed to creating a distinct identity for the Banksia Hill school. Staff and students had been involved in developing a school logo and motto ('Every student matters, every moment counts'). A new polo shirt featuring the school logo had been introduced as an optional uniform for teachers. Parts of the school environment had been brightened with new murals painted on the walls.

The old metalwork shop had been converted into the Banksia Beats music studio, complete with recording booth. This was used for regular band practice, and the 'Hip Hop 101' program delivered by a local hip hop artist. This had proved very popular and successful, resulting in an album of songs recorded by students.

Similarly, the former canteen had been converted into the Banksia Beans café, which opened to staff several times a week, run by young people who had completed the barista training course. This had been another success for the centre, with more than 20 young people completing the course, and some even linked up with employment as baristas after their release.

Overall, we found that education at Banksia Hill had undergone many positive changes since our previous inspection. In practical terms, this translated into students who were noticeably more engaged and productive in the classroom.



Photo 11: Mural art on the outside of the new music studio.

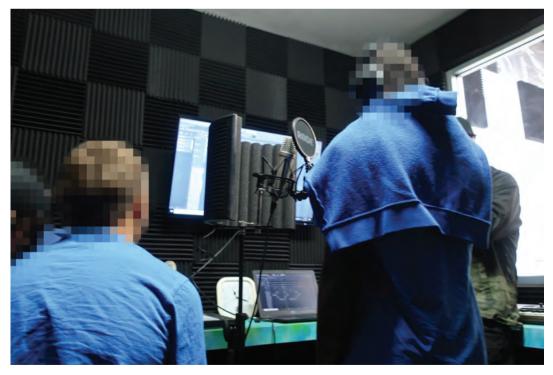


Photo 12: Inside the recording booth.

## Resources were still very limited in a challenging teaching environment

Despite the many positive developments in the last three years, education still faced many obstacles and disadvantages at Banksia Hill. Teachers remained highly frustrated at the limitations they faced. Most of the changes in education, while necessary, had increased work and stress for teachers. Expectations had been raised, and teachers made subject to higher levels of accountability. And from their point of view, they continued to deal with the same challenges in the classroom with little additional support.

Although there had been some investment in new teaching materials, many of the textbooks, reference books, and reading books in classrooms were old and outdated. Basic classroom resources – pens, pencils, paper – were also quite limited. To some extent, this was dictated by budget limitations. Controls had been put in place specifically to address high consumption of these resources. Teachers told us they brought in items such as copy paper that they purchased themselves. However, there were also security restrictions governing what could be brought into the centre, and teachers needed to seek security approval for certain items. The reality was that the Banksia Hill school remained significantly under-resourced compared to schools in the public education system. Arguably, Banksia Hill should be better resourced than most schools because students have such high educational needs.

# **Recommendation 12**

Increase teaching materials and classroom resources at Banksia Hill.

Teachers were heavily reliant on hard copy resources because there was very limited access to any sort of learning technology. In 2017, a major upgrade to information technology took place, with a school network established, and refurbished desktop computers installed in all classrooms. However, as we noted in our 2018 inspection report, there was no technical support to maintain the school network or classroom computers (OICS, 2018a, p. 48). Predictably, in 2020 we found that a high proportion of classroom computers were not working, and the school network was barely functional. The only examples of modern teaching technology were four portable electronic whiteboards that were shared around the centre. There was no internet access in classrooms for teachers or students – this was strictly forbidden by the Department on security grounds. With every passing year, the Department's failure to provide access to information technology to young people in custody sees them falling further behind the public education system. Information technology is an increasingly central part of life in the community, and Banksia Hill is unable to prepare detainees for this world.

#### **Recommendation 13**

Increase availability of classroom technology at Banksia Hill.

Standard class size at Banksia Hill is eight students. However, with the total detainee population so low, most classes had been reduced to four to five students. Teachers felt this number was much more manageable. A significant proportion of students at Banksia Hill have very high educational needs, requiring close attention and support. For example, research by the Telethon Kids Institute in 2015 and 2016 found that almost 90 per cent of detainees had at least one domain of severe neurodevelopmental impairment (Bower, et al., 2018). In the public education system, it is likely that many of these students would receive one-on-one support from an Education Assistant. But at Banksia Hill there are no Education Assistants, and there are only two Aboriginal Education Officers (1.4 FTE) for the whole school. The Aboriginal Education Officers added great value to education, particularly because Aboriginal young people make up a high proportion of the population. But they simply did not have enough capacity and were typically only able to spend half a day in each classroom once a week.

For young people in custody, education is without question the most potent rehabilitative tool available. The young people at Banksia Hill are among the highest needs students in the state, and the school should be resourced to provide an intensive education support program. This could include smaller class sizes, an increase in support staff, and additional educational resources.

#### **Recommendation 14**

Provide staffing and resources sufficient to deliver an enhanced intensive educational support program.

#### 6.2 CASE PLANNING

#### Workload pressures had eased for the case planning unit

In our 2018 inspection report, we expressed concern that the case planning unit was struggling with its workload (OICS, 2018a, pp. 38–39). Case managers were engaged in various tasks that were time-consuming, but did not actually contribute to the case management of young people in custody. The requirement to manually compile reports for the Perth Children's Court and the Supervised Release Review Board formed a substantial part of this workload.

Since that time, the reporting process had been streamlined. In consultation with the court, the centre had rationalised the amount of information provided in reports. Important work had been completed on the TOMS database, which meant that most information in the reports was automatically populated. This was a far more efficient system that significantly reduced the workload of case managers and allowed them to focus on their core business.

Another positive development had been the filling of a clerical officer position that provided valuable administrative support to the case planning unit. Again, this minimised the amount of time that case managers were diverted from their core business.

2020 INSPECTION OF BANKSIA HILL DETENTION CENTRE

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The low detainee population also meant that case managers had reduced caseloads, and each young person received more individual attention. Crucially, the case planning unit had taken advantage of the reduced workload to improve their processes.

# Case planning processes were more effective and accountable

In our 2018 inspection report, we found that case planning practices lacked consistency, and staff were unsure of what was required. We were not satisfied that basic case planning processes had been completed for most young people. High turnover of staff and management in the case planning unit were contributing factors (OICS, 2018a, p. 38).

We were pleased to find many positive developments in this area in our 2020 inspection. Much of this progress could be attributed to strong and stable leadership of the case planning unit since the last inspection. The Manager Case Planning and Programs had been acting in the position since September 2016 and was permanently appointed in January 2019. The Coordinator Youth Custodial Re-entry Programs and Services had been acting in the position since April 2019. Both had played key roles in driving process improvement.

The introduction of a new process known as an Assessment and Planning Checklist in March 2020 was a significant development. This was to be completed within two weeks of a young person's admission to Banksia Hill, whether on remand or sentenced. It gathered information on each young person's offending, family background, trauma history, and service needs. The checklist was purposely designed to improve information-sharing and required input from different areas of the centre – case planning, medical services, education, Aboriginal Welfare Officers, and psychological services. It prompted case managers to actively seek information from community-based Youth Justice Officers, which addressed concerns we expressed in our 2018 inspection report about information flow from community youth justice services (OICS, 2018a, p. 37).

The checklist also included input from the Senior Child Protection Worker from the Department of Communities who was based on site at Banksia Hill. This position was a valuable resource that had been incorporated as a vital part of several processes at Banksia Hill.

Importantly, the Assessment and Planning Checklist was recorded on TOMS, making it easily accessible for all staff at Banksia Hill. In fact, most case planning documents were now available on TOMS, a significant shift over the past three years. Results from the assessment tool were now recorded on TOMS. Referrals to programs or psychological services were now formalised and documented on TOMS, along with the outcome of the referral. Detailed minutes of case planning meetings – such as admission planning meetings and discharge planning meetings – were recorded on TOMS.

From our point of view as an oversight agency, the increased transparency and accountability of case planning processes was very positive. We could see, for example, that admission planning meetings were happening, and that they involved a large group of relevant stakeholders, including community youth justice services, child protection and family

services, external service providers, and the young person and their family. Consequently, we could be more confident that case planning processes were effective, and the treatment and support needs of young people were being identified and addressed.

The fact that the centre had been relatively settled, and custodial staffing shortages had not been an issue, meant that case managers' ability to access young people was better than it had been three years ago. It also helped that detainee numbers were so low, with a corresponding reduction in workload for case managers.

#### 6.3 RE-ENTRY SERVICES

# There were key gaps in an otherwise good range of re-entry services

Banksia Hill offered a variety of re-entry services and programs, aligned with the identified needs of young people in custody. This included emotional wellbeing, life skills, health and development, and education, training and employment. These services were delivered by various community-based organisations that visited the centre on a regular basis. Feedback from service providers indicated strong commitment to young people, and positive working relationships with Banksia Hill staff.

The main re-entry services contract was held by Beyond YJS, a consortium led by Centrecare in partnership with Wungening Aboriginal Corporation and UnitingCare West. Beyond YJS had two youth workers (1.5 FTE) based on site at Banksia Hill to provide support and assist with pre-release planning for young people. They also provided a link to youth workers in the community for post-release support. In addition, facilitators from Beyond YJS visited the centre regularly to deliver specific programs. This was a model that worked well. The on-site youth workers were a particularly valuable resource for Banksia Hill and had been incorporated into case planning processes within the centre.

In response to the COVID-19 pandemic, most service providers stopped visiting Banksia Hill between March and May 2020, although the youth workers from Beyond YJS remained on site, and in fact increased their presence. To fill the gap in services, the Department contracted in two new service providers at short notice – the Indigenous Players Alliance (IPA) and the National Suicide Prevention and Trauma Recovery Project (NSPTRP). The IPA provided an eight-week program of football and basketball coaching and mentoring for all young people in custody. The NSPTRP provided a 10-week mentoring program specifically for girls in custody. There programs were arranged by head office without any input from Banksia Hill, and the centre had limited oversight of delivery. During our inspection, we were told that staff at Banksia Hill had little information about content or outcomes for these programs and were concerned about transparency and accountability. This was not the case with the standard suite of programs and services that were being delivered prior to the pandemic – content and outcomes were appropriately and routinely monitored and evaluated.

By the time of our inspection in September, virtually all services had recommenced. However, one key service had stopped because funding had been cut. The Drug and Alcohol Youth Services (DAYS) provided by Mission Australia was reliant on federal funding that

ceased at the end of the 2019–2020 financial year. DAYS provided drug and alcohol counselling for three months prior to release, and three months of post-release support. The loss of this program was a crucial service gap that needed to be addressed urgently. At the time of our inspection, Banksia Hill was seeking funding to replace the service, but there had been little progress several months later in early-2021.

#### **Recommendation 15**

Ensure that a drug and alcohol counselling and support service is available to young people at Banksia Hill.

Another identified gap was short-term transitional accommodation for young people released from custody. This had become a more acute issue during the COVID-19 pandemic because transport to regional areas was less reliable. Young people often had to wait for several days after release before they could travel home, and there were limited accommodation options.

#### 6.4 CLINICAL PROGRAMS

#### The suite of clinical programs had expanded, but gaps remained

Banksia Hill runs a suite of clinical programs that should be distinguished from the broader suite of re-entry programs discussed above [see 6.3]. They are evidence-based, therapeutic programs designed to address specific criminogenic factors. Clinical programs are delivered by Senior Programs Officers who require a four-year degree in psychology or social work.

The two most common and longest-running clinical programs were Emotional Management, and Healthy Relationships. Young people commented positively about these programs during our inspection. They are relatively low intensity, requiring eight to 10 sessions, which allows them to run regularly. They were all designed for boys only. The emotional management program had only recently been adapted by the Senior Programs Officers for delivery to girls.

In 2019, Banksia Hill had purchased three new clinical programs that were significantly more intensive. For the boys, there was a family violence program (Disrupting Family Violence), and a motor vehicle offending program (On Track). There was also a program designed specifically for girls (Voices), using a trauma-informed approach to explore topics including identity, self-esteem, relationships, and coping strategies. These new programs were highly regarded, but required 25–30 sessions, which had proven difficult to manage (more discussion below).

There were still some identified gaps in the programs suite. A program addressing generalist offending was the highest need for boys at Banksia Hill, but could not be procured because of budget limitations. Senior Programs Officers had also searched for relevant programs addressing domestic violence for girls, but had been unable to find anything suitable,

even internationally. We would encourage Banksia Hill to explore the possibility of partnering with a community organisation or university to develop such a program.

# There were multiple barriers to program delivery and scheduling

Program delivery had been variable because of staff turnover in the preceding 12 months. By the time of our inspection, staffing had stabilised with three Senior Programs Officers in position (two full-time, one part-time). This ensured the programs team had capacity to run programs on a consistent basis.

There were two Emotional Management programs ongoing at the time of our inspection. These shorter and less intensive programs were easier to run than the more intensive programs that took longer to deliver. This was simply because there was a very limited pool of young people who were sentenced and had enough time left to serve to complete a program. This was particularly the case because the detainee population was so low. The On Track program had only run once since it was procured in mid-2019, and Disrupting Family Violence had not run at all. Voices had been delivered once as a full 30 sessions to the girls, but had since been adapted by the Senior Programs Officers to 10 core sessions to make it more viable. This will be an ongoing challenge for the centre. There were plans for Senior Programs Officers to run a program in the community (rather than in custody). Although it will certainly be more difficult to ensure young people's attendance, this may be the necessary model for the future.

In our 2018 inspection report, we identified problems with allocating young people to programs. The results of risk and needs assessments for detainees were not readily available, and we found that too many young people were being booked into a program to fill the group, rather than because they needed to complete that program. In many cases, they had already participated in that program before (OICS, 2018a, p. 40).

In 2020, as discussed above [see 6.2], we had much more confidence in the case planning processes that identified risk and need. Assessment results were now saved on TOMS and freely accessible. However, program allocation and scheduling remained problematic because there was still no youth custodial programs module built into TOMS. Program participation was recorded in basic spreadsheets, which made it difficult to track reliably. Despite the best efforts of all involved, young people were still sometimes booked into the same program multiple times. This was true of both clinical programs and the various other programs offered at Banksia Hill.

Development of a programs module for TOMS was under way, but it had been a long and laborious process. It had been in discussion as long as three years ago during our 2017 inspection. Completing this project must be a priority in order to maximise the effectiveness of program delivery.

#### 6.5 PSYCHOLOGICAL SERVICES

## The psychology team were more cohesive and less marginalised

In our 2018 inspection report, we were concerned about the position of psychological services within the centre. The psychology team was not represented at senior management level, and information flow was poor. The expertise of the psychology team was not being properly utilised in the running of the centre (OICS, 2018a, pp. 40–41).

This situation persisted for much of the intervening three years. Lack of consistent leadership and direction for the psychology team resulted in continued marginalisation in the centre, and internal divisions within the team. Positively, this improved markedly after a Principal Psychologist was permanently appointed in November 2019.

The Principal Psychologist oversees youth psychological services both in the community and in custody. Crucially, on taking up the position, the Principal Psychologist had committed to spending two to three days a week based at Banksia Hill. The position had previously been based in the community. Having an on-site presence was important for building relationships both within the psychology team and throughout the centre. Importantly, the Principal Psychologist was regarded as part of the senior management team and represented psychological services at that level.

The Principal Psychologist had provided clear direction on practice and priorities in the psychology team, which had improved cohesion and morale. There was evidence of better integration with other areas in the centre, such as case planning, and mental health services in the medical centre. The psychology team generally had a good relationship with custodial staff.

In our 2018 inspection report, we noted that psychologists had limited capacity to do any more than immediate risk management (OICS, 2018a, p. 41). In 2020, psychologists remained central to at-risk management processes, but had also been able to start providing more individual offence-specific counselling. This is crucial for rehabilitation, particularly given the difficulties with delivering group clinical programs discussed above [see 6.4].

Operational managers had ensured consistent provision of a custodial officer to supervise the psychology building. This allowed psychologists to hold sessions with young people in their offices, which had not always been possible in the past. This increased the capacity of the psychology team, and also improved the quality of contact with young people.

Clearly, there had been some important steps towards rebuilding the level of cooperation between psychological services and operations at Banksia Hill. Looking to the future, we would like to see more input from psychological services into operational policy and decision-making. Ideally, in a youth custodial system, psychological expertise plays a key role in policy setting.

#### 6.6 AT-RISK MANAGEMENT

# At-risk management processes had continued to develop and improve

As far back as 2013–2014, Banksia Hill began implementing a more robust and accountable process for managing self-harm and suicide risk. This was based on the At-Risk Management System (ARMS) that had been used in the adult custodial system for many years. Since then, Banksia Hill staff had been continually working on their own ARMS process to ensure that it is suitably adapted for the youth custodial environment.

In the preceding three years, significant work had gone into the development of an ARMS manual for youth custodial, which did not previously exist. In addition, as part of the Department's revision of its overarching policy framework, a new Commissioner's Operating Policy and Procedure (COPP) had been drafted in this area. Both were awaiting final approval at the time of our inspection.

Over time, staff in all areas, custodial and non-custodial, had been gradually educated on the requirements of the ARMS process. This means there will be very few changes resulting from implementation of the ARMS manual and the new COPP – most requirements are already part of current practice. During our inspection, we observed a meeting of the At-Risk Assessment Group (ARAG), which is the multi-disciplinary team that makes decisions about the management of detainees at risk. We found the process to be efficient and effective, with good contributions from all members of the group. However, the lack of suitable crisis care accommodation continued to present the biggest challenge to effective at-risk management [see further discussion at 4.4]

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#### **ABBREVIATIONS**

ARMS At-Risk Management System

AWO Aboriginal Welfare Officer

COPP Commissioner's Operating Policy and Procedure

DAYS Drug and Alcohol Youth Services

DCS Department of Corrective Services

DoE Department of Education

DOJ Department of Justice

EMyU East Metropolitan Youth Unit

FTE Full-time equivalent

IPA Indigenous Players Alliance

ISU Intensive Support Unit

NSPTRP National Suicide Prevention and Trauma Recovery Project

OICS Office of the Inspector of Custodial Services

PSP Personal Support Plan

TOMS Total Offender Management Solution – offender management database

WA Western Australia

YCO Youth Custodial Officer

# DEPARTMENT OF JUSTICE RESPONSE



# Response to the Announced Inspection:

**Banksia Hill Detention Centre 2020** 

April 2021

Response to the Announced Inspection: Banksia Hill Detention Centre 2020 The Department of Justice (the Department) welcomes the draft report of the inspection of Banksia Hill Detention Centre (Banksia Hill). The Department has reviewed the report and noted a level of acceptance and responses against the 15 recommendations. Page 2 of 7

Response to the Announced Inspection: Banksia Hill Detention Centre 2020

#### Response to Recommendations

# 1 Develop and implement an operational philosophy for Banksia Hill.

Level of Acceptance: Supported

**Responsible Division:** Corrective Services **Responsible Directorate:** Women and Young People

Proposed Completion Date: 30 June 2022

#### Response:

The Department acknowledges the importance of a vision and direction for Banksia Hill Detention Centre which will guide the operations of the facility.

The Superintendent is currently in the early stages of developing a three year strategic plan, ensuring all stakeholders involved, at all levels, have an opportunity to be a part of the development process.

The development and implementation of an operational philosophy will form a critical part of the three year plan.

# 2 Explore options to deliver staff training without resorting to locking young people in cell.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Women and Young People

Proposed Completion Date: 30 June 2022

#### Response:

The Department has engaged an external consultant to review the staffing model for Banksia Hill.

The delivery of staff training with minimal disruption to services, including the locking of young people in cells during training will be considered as part of this review.

#### 3 Review security alerts that limit the association of young people.

Level of Acceptance: Supported

**Responsible Division:** Corrective Services **Responsible Directorate:** Women and Young People

Proposed Completion Date: 31 December 2021

#### Response:

Currently security alerts generated on young people at Banksia Hill to highlight risks to or from another young person are not routinely or periodically reviewed unless a young person requests it, or it is triggered for a reason such as self-care placement.

Banksia Hill will implement a regular review process of all alerts generated that restrict young people's contact with each other or movement around the Centre.

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Response to the Announced Inspection: Banksia Hill Detention Centre 2020

# 4 Implement appropriate security measures to help prevent keys from leaving the centre undetected.

Level of Acceptance: Supported

Responsible Division: Corrective Services

Responsible Directorate: Women and Young People

Proposed Completion Date: 31 December 2021

#### Response:

The Department had met with relevant stakeholders to assess options to mitigate further risks associate with keys leaving the Centre undetected.

An appropriate detection system, similar to those found in other custodial facilities, is being procured with initial works to be completed by May 2021.

#### 5 Improve the method of randomly selecting people entering the centre for searching.

Level of Acceptance: Supported

Responsible Division: Corrective Services
Responsible Directorate: Women and Young People

Proposed Completion Date: 31 December 2021

#### Response:

Banksia Hill will implement a 'ballot' system (similar to that in other custodial facilities) which uses key numbers to randomly identify staff and others entering the centre to be searched.

# 6 Increase contraband detection technology in the gatehouse.

Level of Acceptance:Supported in PrincipleResponsible Division:Corrective ServicesResponsible Directorate:Operational Support

Proposed Completion Date: 30 June 2022

#### Response:

Introduction of new and modern searching technologies, including contraband detection is a major focus for the Department, however is subject to the resolution of a number of requirements including suitability, protocols regarding usage, exposure, legislative requirements, funding, etc.

The Department is liaising with the State Solicitor's Office and continues to seek advice in relation to the above requirements.

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Response to the Announced Inspection: Banksia Hill Detention Centre 2020

#### 7 Review staffing of recovery teams.

Level of Acceptance:

Responsible Division: Corrective Services Responsible Directorate: Women and Young People

**Proposed Completion Date:** 30 June 2022

#### Response:

The Department has engaged an external consultant to review the staffing model for Banksia Hill. The review will include an assessment of the Response requirements to ensure safe operation of the facility.

#### Develop and implement a strategic management plan to guide the delivery of appropriate services for girls at Banksia Hill.

Level of Acceptance: Supported

Responsible Division: Corrective Services Responsible Directorate: Women and Young People

**Proposed Completion Date:** 30 June 2022

## Response:

The Department acknowledges the importance of the provision of an appropriate level of service to the female cohort at Banksia Hill. A strategic plan to guide the operations of the Yeeda Unit for girls will be developed by Banksia Hill to ensure there are appropriate resources targeted to meet their needs.

#### Ensure that additional resources are available to cover the mental health service in the event of staff absences or leave.

Level of Acceptance: Supported

Responsible Division: Corrective Service Responsible Directorate: Offender Services

**Proposed Completion Date:** Completed

#### Response:

Service provision of mental health care at Banksia Hill has been restructured under the Mental Health, Alcohol and Other Drug (MHAOD) Branch to address inconsistencies in service delivery, and provide standardisation of mental health care across the Department.

A Nurse Unit Manager position has been created to establish line management responsibilities within the Senior Management MHAOD team and provide greater oversight of mental health services across the custodial estate, including Banksia Hill.

MHAOD nursing staff have also progressed 'Working with Children' applications to establish a core group of mental health nursing staff that will be able to provide leave coverage for the existing MHAOD Clinical Nurse Consultant at Banksia Hill as required.

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Response to the Announced Inspection: Banksia Hill Detention Centre 2020

#### 10 Prioritise the development of a purpose-built crisis care unit at Banksia Hill.

Level of Acceptance: Supported in Principle Responsible Division: Corrective Services Responsible Directorate: Women and Young People

**Proposed Completion Date:** 30 June 2024

#### Response:

The Department is reviewing the operating model and cohort management requirements for Banksia Hill which will include short, medium and long term infrastructure plans. The current Intensive Support Unit and Crisis Care Unit will be incorporated in these plans for future investment and will be subject to budget submissions and approval.

#### 11 Improve the furnishing and aesthetic appearance of accommodation units and cells.

Level of Acceptance: Supported

Responsible Division: Corrective Services Women and Young People Responsible Directorate:

Proposed Completion Date: 30 June 2022

#### Response:

Planning has commenced to develop a program of works which includes the refurbishment of accommodation units based on available funds.

## 12 Increase teaching materials and classroom resources at Banksia Hill.

Level of Acceptance: Supported

Responsible Division: Corrective Services Responsible Directorate: Women and Young People

**Proposed Completion Date:** 31 December 2021

#### Response:

The delivery of education to young people at Banksia Hill continues to be reviewed and additional classroom resources will be provided to enhance education delivery.

# 13 Increase availability of classroom technology at Banksia Hill.

Level of Acceptance: Supported

Responsible Division: Corrective Services Responsible Directorate: Women and Young People

**Proposed Completion Date:** 30 June 2022

#### Response:

Banksia Hill will work with the Knowledge, Information and Technology Directorate to assess the current state of classroom computer equipment and the school network. In-house repairing of equipment will be facilitated where possible, and replacement equipment sourced as appropriate.

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Response to the Announced Inspection: Banksia Hill Detention Centre 2020

# 14 Provide staffing and resources sufficient to deliver an enhanced intensive educational support program.

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Women and Young People

Proposed Completion Date: 30 December 2022

#### Response:

The arrangements between the Department of Education and the Department of Justice for the delivery of education at Banksia Hill are contained in a Memorandum of Understanding which is currently being reviewed. Further, a review has been undertaken by Deloitte to examine the feasibility of transferring the education provision to the Department of Education. The review currently sits with the Department of Education for consideration.

# 15 Ensure that a drug and alcohol counselling and support services is available to young people at Banksia Hill.

Level of Acceptance: Supported

Responsible Division: Corrective Services
Responsible Directorate: Women and Young People

Proposed Completion Date: 30 June 2022

#### Response:

The Drug and Alcohol Youth Services (DAYS, provided by Mission Australia) was transferred to Western Australian Primary Health Alliance (WAPHA). WAPHA made the decision to amend the DAYS contract to no longer provide in reach services to Banksia Hill. A tender for services will be released by the Women and Young People Directorate to ensure alcohol and other drug services continue to be delivered at Banksia Hill.

#### INSPECTION DETAILS

#### **PREVIOUS INSPECTION**

19-26 July 2017

# **ACTIVITY SINCE PREVIOUS INSPECTION**

Liaison visits 18

Independent Visitor visits 31

# **SURVEYS**

Detainee survey 28 July 2020 65 responses

Staff survey (online) 27 July – 14 August 2020 95 responses

Service provider survey (email) 1–11 September 2020 8 responses

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Lucy Ledger Office of the Commissioner for Children

and Young People

# **KEY DATES**

Inspection announced 18 May 2020

Start of on-site inspection 16 September 2020

Completion of on-site inspection 22 September 2020

Presentation of preliminary findings 14 October 2020

Draft report sent to Department of Justice 3 March 2021

Declaration of prepared report 29 April 2021

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Inspection of prisons, court custody centres, prescribed lock-ups, juvenile detention centres, and review of custodial services in Western Australia



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