Custodial Inspector

Inspection of Ashley Youth Detention Centre in Tasmania, 2017

Health and Wellbeing Inspection Report

October 2018

Produced by the Tasmanian Custodial Inspector

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1 From the Custodial Inspector

I was appointed inaugural Custodial Inspector effective from 31 January 2017 following the passing and proclamation of the *Custodial Inspector Act 2016*. That Act requires me as Inspector to carry out a mandatory inspection of each custodial centre at least once every three years and to report to the responsible Minister and Parliament.

As I noted in my Annual Report for 2016-17, because Tasmania is a small jurisdiction, to respond to legislative obligations using the limited resources available, the Custodial Inspectorate undertakes themed inspections of custodial centres focussing on particular inspection standards. At the end of a three year cycle, all facets of custodial centres will have been inspected against the full set of inspection standards. The term custodial centre is defined in the Custodial Inspector Act to include a prison within the meaning of the *Corrections Act 1997* and a detention centre within the meaning of the *Youth Just Act 1997*.

I am required by section 15 of the Custodial Inspector Act to prepare an inspection report on my findings in relation to each mandatory inspection to the Minister or Parliament. I am required to include in any report such advice or recommendations as I consider appropriate including recommendations relating to the safety, custody, care, wellbeing and rehabilitation of prisoners and detainees; and information relating to education and programs to assist in the rehabilitation of prisoners and detainees. I report directly to the Minister responsible for the custodial centre and the responsible Minister is required to table a copy of the Inspector's report in each House of Parliament. In this way, the findings and recommendations relating to inspections become a public record.

From May 2017 to September 2017, the first theme based inspections of Ashley Youth Detention Centre were undertaken, focussing on the health and wellbeing of young people in detention. I am now pleased to present this report covering the inspection standards relating to physical health care, management and treatment of substance abuse, mental health care, food and nutrition, physical and recreational activity, hygiene and environmental health, property and canteen.

Prior to publication of this report, the Department of Communities Tasmania (which is responsible for the management of Ashley Youth Detention Centre) was consulted and invited to correct any factual inaccuracies in the report. So too was Correctional Heath Services (the section within the Tasmanian Health Service) as the provider of general and primary healthcare to young people in detention. Appendix 4 details the response of the Department of Communities Tasmania to the recommendations. Appendix 5 details the Department of Health response to the recommendations.

Richard Connock

Custodial Inspector
October 2018

2 Acknowledgements

I would like to acknowledge the contributions of the following consultants, and sincerely thank them for their expert advice and assistance, which adds greatly to the work of my office:

- Ms Helena Bobbi, Environmental Health Officer, Environmental Health Services, Population Health Services, Department of Health (Tasmania)
- Mr Cameron Dalgleish, State Water Officer, Environmental Health Services, Population Health Services, Department of Health (Tasmania)
- Dr Michael Levy, Clinical Director, Justice Health Services Mental Health, Justice Health and Alcohol & Drug Services (Australian Capital Territory)
- Professor James Ogloff AM FAPS, Director, Centre for Forensic Behavioural Science at Swinburne University of Technology and Director, Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare)
- Ms Ngaire Hobbins, Accredited Practising Dietician, Bachelor of Science (Bsc), science and nutrition, Diploma of Nutrition and Dietetics

Acknowledgment and appreciation is also extended to all staff at Ashley Youth Detention Centre and Correctional Primary Health Services who supported the inspections.

3 Executive Summary

This is the report of the inaugural inspections of Ashley Youth Detention Centre focussing on the inspection standards for young people in detention relating to health and wellbeing. These cover a broad range of areas including:

- physical health care;
- management and treatment of substance abuse;
- mental health care;
- food and nutrition;
- physical and recreational activity;
- hygiene and environmental health (including clothing and bedding);
- property; and
- canteen.

All of the inspections were announced and were carried out between May 2017 and September 2017.

Ashley Youth Detention Centre (AYDC) is managed by Children and Youth Services, an operational unit of the Department of Communities Tasmania.[1] Children and Youth Services (CYS) is responsible for providing care and custody, at various levels of security, for young people detained and remanded in custody in Tasmania.[2] CYS is also responsible for providing secure transport between AYDC, health facilities and courts.

The inspection also focussed on the work undertaken by Correctional Primary Health Services (CPHS), in the Tasmanian Health Service (THS). CPHS is responsible for healthcare provision at custodial centres, including AYDC, throughout Tasmania.

During the inspections, a number of evidence sources were used to assess AYDC against the standards. These included: onsite visits; meetings with senior management; individual interviews with staff; review of documentation; and observation by inspectors and experts. Where relevant, external consultants joined the inspections to supplement the internal expertise of the inspection team.

[1] At the time of the inspection, AYDC was an operational unit of the Department of Health and Human Services which from 1 July 2018 ceased to exist, and the responsibilities and functions have been split between the Department of Communities Tasmania and the Department of Health.

[2] Note: For the purposes of this report, a reference to the terms 'detainee' and 'resident' means young people that are lawfully detained in custody at AYDC and includes both those that are remanded and sentenced.

Physical Health Care

An inspection into physical health care at AYDC was undertaken in May 2017. Doctor Michael Levy, Clinical Director, Justice Health Services Mental Health, Justice Health and Alcohol & Drug Services (Australian Capital Territory Government) provided consultancy services for this inspection.

The inspection related to all physical health services provided for young people in detention in Tasmania. The services looked at covered many areas including:

- intake screening and assessment;
- administration of medications;
- service delivery; and
- provision of information relating to, and the promotion of, healthy lifestyles to young people in detention.

The inspection found that the health professionals at AYDC were dedicated and working very hard with the resources and facilities available. CPHS staff at AYDC appeared to have good relationships with Youth Justice Service's staff, working collaboratively in a team with a focus on the same outcome for young people.

The intake and assessment procedures were thorough and undertaken in a timely manner, medical staff maintain patient confidentiality, and administration of medication is managed appropriately.

There were, however, some gaps in services such as there being no paediatrician, adolescent physician or Aboriginal health worker on staff. There is also a need for a robust policy document relating to medical consent and minors.

Management and Treatment of Substance Abuse

In relation to management and treatment of substance abuse the inspection considered whether there were comprehensive and integrated strategies to minimise the harm arising from drug use and abuse through education and treatment. The inspection took place in May 2017 and Doctor Michael Levy, Clinical Director provided consultancy services.

Initial health assessments are undertaken on a young person's reception into detention to identify those who are physically dependant on drugs and/or alcohol and require detoxification or assistance to manage substance abuse issues.

The inspection found that, despite a reported wide drug use, there are limited rehabilitation programs to address substance abuse available for young people in detention at AYDC.

There are no Alcohol and Drugs Counsellors on staff. Rather, referrals are made to Alcohol and Drug Services (THS) in the North and North West.

Pharmacotherapy treatment will be made available if required, however, it is very unusual for a young person to be on opiate substitution. Similarly, young people will be provided with medical assistance if suffering from serious withdrawal, but this also is a rare event.

It appears that little is provided in the way of through-care by alcohol and drug services in the community on release. Access to available residential drug services is very limited and is voluntary. Young people may choose to attend these services but can leave at any time. This is a concern, as untreated addiction may result in re-offending behaviour and serious affects on health.

Mental Health Care

An inspection of the mental health care provided at AYDC was undertaken in July 2017. Professor James Ogloff AM FAPS, Director, Centre for Forensic Behavioural Science at Swinburne University of Technology provided consultancy services for this inspection. Professor Ogloff is also the Director, Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare).

This inspection focussed on whether the detention centre had appropriate and adequate provision to meet the existing mental health care needs of young people in detention. In particular, the inspection covered a broad range of issues including whether:

- mental health is assessed as part of the initial health screening upon entry into detention;
- post release care arrangements are made for people exiting the system;
- processes exist to detect and manage young people in crisis, particularly where they may self-harm; and
- there is adequate mental health awareness training for staff.

The inspection found that there is limited dedicated psychiatry and clinical psychology time available to AYDC residents.

There is a need to link to local, external psychiatry services to assist young people when they leave AYDC.

Food and Nutrition

An inspection of food and nutrition at AYDC was conducted in September 2017. Ms Ngaire Hobbins, Accredited Practising Dietician (APD), provided consultancy services for this inspection.

This inspection considered whether the fundamental rights of young people to be provided with sufficient nutritious and varied food, and to have access to potable drinking water at all times, were being met.

The inspection found that generally food meals provided at AYDC were of good nutritional value and menu planning aligns with dietary guidelines for younger people.

Weight gain is a considerable issue for many residents of AYDC. The main area of concern is in excessive consumption of sugar and kilojoules and to a somewhat lesser, but still concerning extent, salt. High sugar foods are increasingly used as incentives or treats.

Additionally, picky eating together with poor role modelling leads to some young people substituting prepared meals for low nutritional value snack options available in the residential units, resulting in wastage of meals and negative impact on the nutritional status of those young people.

Ideally, AYDC should have ongoing dietician services to support nutrition education initiatives, to provide education on the nutritional needs of young people and one-on-one counselling support where needed.

Physical and Recreational Activity

The inspection standards relating to physical and recreational activity were assessed during onsite visits and by a desktop audit.

This inspection considered whether there are sufficient multi-purpose and single-purpose activity rooms and spaces, equipment and resources to meet the need for recreation and leisure activities.

The expectation of the inspection standards is that young people should have daily opportunities for physical and recreational activity as well as a regular structured sport and recreation program.

The inspection found that AYDC:

- has excellent sport and recreational facilities for young people;
- uses external service providers to encourage active participation in physical recreation activities;
- engages a personal trainer to attend several times per week; and
- provides access to recreational activities including play stations, crib boards, cards, table tennis equipment, cricket sets, basket balls, volley balls, soccer balls, and skipping ropes.

Hygiene and Environmental health

In August 2017, an inspection into hygiene and environmental health at AYDC was undertaken. Consultancy services were obtained from Environmental Health Services at Department of Health – Public Health Services, and Ms Helena Bobbi, Environmental Health Officer assisted throughout, with input from Mr Cameron Dalgleish, State Water Officer in relation to drinking water quality.

The inspection assessed standards relating to clothing and bedding, general hygiene and environmental health issues including cleanliness, cell temperatures, food safety and water sampling.

The inspection found that:

- the grounds and facilities at AYDC are well maintained and there was a high level of cleanliness throughout the site;
- general processes and procedures relating to food safety were documented and recorded by relevant staff;
- procedures were in place for the preparation, delivery and service of meals to residents, compliant with food safety requirements;
- AYDC provides a very good level of clothing and bedding to residents
- suitable laundering services were provided to ensure young people have a continual supply of clean clothing and bedding;
- appropriate processes were in place for waste water disposal; and
- the swimming pool water was clean, balanced, with correct levels of pool chemicals.

Property

The inspection standards relating to property were assessed during onsite visits and by a desktop audit.

The inspection standards relating to property require that young people's property is held securely in storage and recorded accurately, and that personal effects or property that is confiscated on admission is kept in safe custody.

On admission to AYDC, a young person's personal clothing (except underwear and approved caps or hats), property and jewellery are recorded and signed in. This property is placed in an individual property box and securely located in a locked property room with limited access.

Generally, young people at AYDC do not accumulate a great deal of property. The detention centre provides everything that a resident requires to adequately meet their needs.

AYDC has a strict no gift policy, so young people are not to receive gifts of food or any item through visits from family and friends. Staff are also not permitted to bring in gifts or purchase items for residents.

Stockpiling of canteen and toiletry items is not permitted.

Any property acquired by a young person while at AYDC is stored securely and returned to the young person on their release.

Canteen

An inspection of the canteen at AYDC was undertaken in September 2017. Ms Ngaire Hobbins, APD, provided consultancy services for this inspection.

The inspection found that AYDC operates a small canteen system that provides purchases to residents. There is no physical access to the canteen, rather purchasing of goods is managed through the use of a canteen form, and delivery of purchases to the units.

There is a limited variety of food and other products available for residents to purchase, including hobby items and toiletries. This is understandable given the large amount of food provided by the kitchen for meals and supper, in addition to the food available for consumption within the units.

The items on the canteen are largely 'treat' type options such as sweets, chips, and chocolate and some rice cakes and rice crackers.

The range of healthy alternatives available is extremely limited and this should be expanded to provide some additional healthy food options.

There would be value in AYDC introducing a "traffic light" system to categorise foods and drinks on the canteen lists according to their nutritional value in order to encourage young people to purchase healthy options.

4 Summary of Recommendations

Physical Health Care

I recommend that Ashley Youth Detention Centre:

1. Develops a clear policy concerning consent to medical treatment for minors which provides guidance to staff to assist with assessing a young person's capacity to legally consent to medical procedures and treatment.

2. Provides condoms and basic toiletries in the 'exit pack' provided to young people on release.

3. Engages the services of an adolescent physician on a regular basis.

4. Engages the services of an Aboriginal health worker on a regular basis.

I recommend that Correctional Primary Health Services:

5. Introduces procedures so that the health record of a young person in detention at AYDC follows the young person if that young person enters a Tasmanian adult custodial centre.

Management and Treatment of Substance Abuse

I recommend that Ashley Youth Detention Centre:

6. Considers introducing drug and alcohol testing where a young person appears affected by alcohol and/or other drugs, or there is some intelligence that indicates that a young person has been consuming alcohol or drugs, or has these items in their possession.

Mental Health Care

I recommend that Ashley Youth Detention Centre:

7. Increases the dedicated psychiatry time for young people in detention and links to external psychiatry services to assist young people upon release.
8. Increases the dedicated clinical psychology time for young people in detention.

Food and Nutrition

I recommend that Ashley Youth Detention Centre:

9. Minimises the use of sweets, icy poles and other snack foods as incentives.

10. Develops and implements a strategy to limit the amount of flavouring in the form of bottles of topping, milo or similar milk flavouring, icy poles and ice cream available to the units.
11. Reduces the availability of less nutritious items in the units, offering instead items such as yoghurt, cheese, fruit, nuts, tuna, eggs, baked beans, wholegrain biscuits, and possibly precooked rice dishes in sachets.
12. Introduces a "traffic light" system to categorise foods and drinks on the canteen lists according to their nutritional value and levels of energy, saturated fat, fibre, sugar and salt.
13. Considers moving dining back to a central area for evening meals so that kitchen staff could work on presentation to make the meals more visually appealing to encourage consumption and thus reduce wastage.
14. Recommences, and makes available to all residents, a cooking course, focussed on preparing wholesome food that is not excessively high in sugar or salt.
15. Engages ongoing dietician services to support AYDC nutrition education initiatives, to provide education on the nutritional needs of young people to staff and residents, and to provide one-on-one counselling support to residents where needed.
16. Implements the recommendations contained in the student dietician report *Identifying priority area for improvement to support healthy eating promotion within the Ashley Youth Detention Centre setting (2016)*, with the exception of complete removal of the less nutritious food options provided in the units.

Hygiene and Environmental Health

I recommend that Ashley Youth Detention Centre:

17. Includes in its food safety program a reference to the protocol for identifying young people with food allergies when first taken into custody.

Property

I recommend that Ashley Youth Detention Centre:

18. Ensures that both an admissions unit staff member and the young person to whom property belongs sign the property sheet listing signed-in property.

Canteen

I recommend that Ashley Youth Detention Centre:

19. Provides additional healthy food options for purchase through the canteen.

5 About Ashley Youth Detention Centre

CYS is responsible for providing care and custody for young people detained and remanded in custody. AYDC is the only youth detention facility in Tasmania.[3] It is located on the outskirts of Deloraine in northern Tasmania, approximately 230 kilometres from Hobart.

AYDC houses young offenders of both sexes[4] aged from ten to 18 years and has the capacity to accommodate 50 young people at one time. The centre runs 24 hours a day and its 50 bed capacity is spread across four accommodation units. The centre is not staffed to cater to its 50 bed capacity. The centre is typically staffed at levels to support 24 young people, at a ratio of one youth worker to three young people. Staff are rostered on, with three eight hour shifts in a 24 hour period. When a rostered staff member is unavailable to attend work, replacement staff are drawn from within the Full Time Equivalent (FTE) and if necessary the 'casual' list.

AYDC provides recreational facilities for young people including an indoor gym, which has a basketball court and a fitness area, an outdoor swimming pool, open seasonally, an outdoor basketball court, cricket nets, and a barbeque area.

In 2016-17, on an average day 64 percent of young people in detention were on remand - that is, awaiting the outcome of their court matter - or found guilty and awaiting sentencing. 45 percent of young people in detention were serving a sentence.[5] [6]

Over the five years to 2016-17, on an average day in Tasmania, the number of young people in detention fell by 42 percent, and the rate fell from three to two per 10,000 young people.[7]

There were ten males and one female in detention on an average day in 2016-17. Of the eleven young people in detention on an average day in 2016-17, three identified as Aboriginal or Torres Strait Islander.[8]

[3] The *Youth Justice Act 1997* provides that by notice published in the Gazette, the Minister may establish or abolish detention centres, or declare premises to be or not be detention centres. In addition to AYDC, the Minister has declared the Hobart and Launceston Remand Centres, Risdon Prison and Ron Barwick Centre to be detention centres for young people. In practice, however, it would be extremely rare for a young person to be detained for any length of time in an adult custodial centre.

[4] AYDC also accommodates transgender youth as required from time to time. The allocation of a unit and bedroom to a young person who has identified as either transgender or intersex is made in consultation with the young person and informed by assessments from Community Youth Justice and CPHS.

[5] Proportions do not sum to 100 percent because some young people may be on sentenced and unsentenced orders at the same time.

[6] Australian Institute of Health and Welfare, *Youth Justice in Tasmania*, 2016-17. https://www.aihw.gov.au/getmedia/4dec5702-545e-4003-8554-5e09e122d6cf/aihw-juv-116-tas.pdf.aspx

[7] Australian Institute of Health and Welfare, *Youth Justice in Tasmania*, 2016-17. https://www.aihw.gov.au/getmedia/4dec5702-545e-4003-8554-5e09e122d6cf/aihw-juv-116-tas.pdf.aspx

[8] Australian Institute of Health and Welfare, *Youth Justice in Tasmania*, 2016-17. https://www.aihw.gov.au/getmedia/4dec5702-545e-4003-8554-5e09e122d6cf/aihw-juv-116-tas.pdf.aspx

The statistics in the table below are taken from the Department of Health and Human Services Annual Report 2016-17:[9]

	2013-14	2014-15	2015-16	2016-17
Average number of young people in youth justice detention daily	11.6	10.3	9.2	10.7
Distinct number of young people in youth justice detention	56	52	33	65

The young people at AYDC have some of the most complex needs in the youth justice system. Many residents face major social and developmental challenges and have experienced abuse or trauma. Risky behaviours are common in young offenders including: smoking; alcohol misuse; illicit drug use; and risk-taking sexual behaviours. Most young people in the youth justice system have some history of abuse or neglect, disabilities, mental health issues, or substance misuse. Studies have found that young people on remand have: poorer mental and physical health; higher occurrence of suicidal thoughts and behaviours; more family difficulties; poorer school attendance; and emotional and behavioural problems interfering with schooling and social activities.[10] To meet the needs of these young people service delivery is provided by a range of organisations including Correctional Primary Health Services (CPHS) which is responsible for healthcare provision, the Department of Education which is responsible for the Ashley School, and other relevant government and non-government organisations.

[9] https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0007/263446/DHHS_Annual_Report_-_2016-17_-_Full_Version.pdf

[10] Australian Institute of Health and Welfare, *National data on the health of justice-involved young people: a feasibility study 2016–17*, page 7. Refer https://www.aihw.gov.au/getmedia/4d24014b-dc78-4948-a9c4-6a80a91a3134/aihw-juv-125.pdf.aspx?inline=true

6 Inspection Methodology

Inspection provides independent, external evaluation that includes an analysis of areas that require improvement. It is based on gathering a range of evidence that is evaluated against an inspection framework.

All inspections of custodial centres are conducted against the Custodial Inspector's published inspection standards. The inspection standards are based on international human rights standards, and cover matters considered essential to the safe, respectful and purposeful treatment of young people in custody.

The inspection standards specify the criteria for inspection. During the Health and Wellbeing inspection, a number of sources of evidence were used to assess the AYDC against the standards. These sources of evidence included individual interviews carried out with staff, documentation, and observation by inspectors and, where relevant, external expert consultants.

Inspection reports are published in Parliament after an inspection is completed. Prior to publication of the report custodial centre management and the responsible Minister are consulted with, and invited to correct any factual inaccuracies in the report.

The inspection team will ensure that their judgements are:

- **secure** - based on sufficient evidence
- **first-hand** - based on direct observation of processes, young people and staff
- **reliable** - based on the criteria in the inspection standards
- **valid** - accurately reflecting what is achieved and provided
- **corporate** - findings reflect the collective view of the inspection team

7 Inspection Standards

The *Inspection standards for young people in detention in Tasmania* provide the structure for reviewing and assessing the performance of AYDC in relation to the treatment of, and conditions for, young people in detention.

The standards were developed taking into account the range of relevant international treaties, covenants, the *Australasian Juvenile Justice Administrators Juvenile Justice Standards 2009,* and the Australian Children's Commissioners' and Guardians' *Statement on Conditions and Treatment in Youth Justice Detention November 2017*.

The standards are based on the *Inspection Standards for Juvenile Justice Custodial Services in New South Wales*. The Custodial Inspector consulted with the Department of Communities Tasmania and the Commissioner for Children and Young People and his staff throughout the drafting process of the inspection standards.

Independent monitoring and assessment is important to ensure custodial services are meeting standards. An independent perspective can identify issues – both shortcomings requiring improvement and strengths that can be better utilised – that may not be obvious to the custodial centre, thereby providing a continuous improvement framework.

The inspection standards are publicly available on the Custodial Inspector's website www.custodialinspector.tas.gov.au.

Summarised in this section are the findings of the inspection team in respect of the Health and Wellbeing suite of inspection standards for young people in detention in Tasmania.

7.1 Physical Health Care

Inspection Standards – 3.3.5, 9.1, 9.4, 9.5, 9.6, 9.7

The standards relating to treatment of young people in detention at AYDC were largely considered through observation by the inspection team during an onsite visit. Discussions were also held with relevant AYDC and CPHS staff and relevant documentation was reviewed.

The inspection against the physical health care standards was conducted on 11 May 2017. Being a specialist area, Dr Michael Levy was engaged to provide consultancy services for this inspection and assisted in developing the recommendations contained in this report. The inspection related to all physical health services provided at AYDC, ranging from intake screening and assessment, administration of medications, service delivery, to the provision of information relating to, and the promotion of, healthy lifestyles to young people.

In Tasmania, CPHS provides healthcare to young people who are detained at AYDC. CPHS is part of the Tasmanian Health Service (THS). CPHS nurses[11] staff the healthcare centre at AYDC and General Practitioner services at AYDC are provided by the CPHS medical officers located at Tasmania Prison Service's Risdon site in the south of the state.[12]

During the physical health care inspection, the inspection team was told that the doctors visit on an irregular basis - every three weeks or so - with most consultations taking place via Telehealth video conferencing facilities. This information was contradicted during the mental health care inspection when the inspection team was advised that one of the medical officers attends at AYDC in person one day per week and video conferencing is available on other days if required. It may be the case that onsite visits by a medical officer were more infrequent at the time of the physical health care inspection because in the period immediately preceding the staffing level for medical offers was two FTE, with one position being vacant. Regardless, feedback received by the inspection team was that the rotation of the doctors attending affects the continuity of treatment for young people.

AYDC has a dedicated medical clinic and consulting rooms for general and mental healthcare. Dental and optical services are accessed off-site as required. The Community Health Centre (CHC) at Deloraine provides services such as pathology, physiotherapy, dentists, eye appointments and a small community inpatient hospital. AYDC staff reported that the CHC works very well with them. For example, the CHC at Deloraine advocated receiving funding for another dental staff member to meet AYDC demands. The nearest ambulance station is located close by at Deloraine, but if the ambulance there is in use, the next closest is in Launceston, which is approximately a 40-minute drive.

The health professionals at AYDC were dedicated and working very hard with the resources and facilities available. CPHS staff at AYDC appeared to have good relationships with Youth Justice Service's staff. CPHS staff reported a collaborative, team environment being in place

[11] CPHS rotate female and male nurses so that detainees have regular access to a nurse of their gender of choice. Shift coverage is 12 hours per day (7:00am to 7:00pm), seven days per week. An on call system operates should staff need advice and there is scope for the nurse to return if the need arises.

[12] At the time of the inspection, the medical workforce consisted of three Full Time Equivalent doctors. Two male doctors and a female doctor, who was returning to work the week after the inspection following a period of retirement, occupied these positions.

with a shared focus on the same outcomes for young people. CPHS staff also reported no obstruction by Youth Justice Services staff in fulfilling their duties and that they are able to move around AYDC freely.

* The room used for Telehealth medical consultations

General Practitioner - Gender

At the time of the inspection it was not possible for young females to be examined, or consulted via video conferencing, by a doctor of the same gender. The inspection team was advised that a CPHS female doctor had previously attended AYDC once a week but had retired for a short time and was to recommence duties in the week following the inspection. Nursing staff advised that if there was a female resident who needed a gynaecological examination, or only wanted to be examined by a female doctor, the nurses would assess urgency and, if there was an urgent need, facilitate an outpatient appointment.

Intake and Assessment

An initial medical and psychological assessment of physical and mental wellbeing is conducted within 24 hours of a young person's admission to detention. Young people are made aware of the health services available, and how to access them, through the AYDC induction booklet, *Information for Young People and Families*. This booklet is given to each resident, on every admission.

Intake assessment blood tests are undertaken if the young person provides their consent. These tests screen for blood borne viruses such as hepatitis A, B and C and include the standard range of testing including a full blood count. Testing is also undertaken for chlamydia.

Patient Confidentiality

All treatment and discussions between young people and health professionals are confidential. That is, this information is not shared between CPHS and AYDC unless a young person provides consent. Likewise, information will not be shared with a young person's significant others or family members without consent or the existence of exceptional circumstances.

Consent issues

The common law recognises that a child or young person may have the capacity to consent to medical treatment on their own behalf, and without their parents' knowledge. This common law position is based on an English House of Lords judgment, *Gillick v Wisbech Area Health Authority [1986] 1 AC 112*. In that case, the Court held that there were circumstances in which a child or young person could consent to their own medical treatment; where the child or young person has 'sufficient understanding and intelligence to enable him or her to fully understand what is proposed'. The principles established in Gillick, have been endorsed in Australia (*Secretary, Department of Health and Community Services v JWB and SMB (1992) 175 CLR 218*, commonly known as Marion's Case).

The issue of consent was raised with the inspection team in relation to young people under Care and Protection orders where the Secretary of the Department of Health and Human Services has guardianship. Anecdotally where the Secretary has taken over guardianship of a young person there can be a delay in the provision of medical treatment due to difficulty obtaining consent in a timely manner. An example was provided in relation to dental treatment where a young person was in pain and needed extractions which had to be performed under general anaesthetic and it took a month to get the consent signed. The Secretary had recently taken over guardianship from this young person's father. This was the only example provided to the inspection team, so alone it cannot be taken to be typical. AYDC staff advised that there are few instances where it has been necessary to seek consent from the Secretary as Guardian and, where this has occurred, consent has been granted verbally in approximately one to two hours. The Child Safety Manager is the delegate of the Secretary in these matters and, according to the Department of Communities, is normally easily contactable. Department of Communities staff further advised that verbal consent is quickly achieved and there would only be a delay if the hospital required the Child Safety Manager to attend the hospital to sign consent papers. Given the conflicting advice received in relation to young people under Care and Protection orders and the provision of consent for medical treatment, this area will be closely monitored by the inspectorate.

AYDC does not have a specific written policy relating to young people and consent, however, section 134 of the *Youth Justice Act 1997* addresses consent for medical treatment. The Deputy Secretary, Children and the Manager Custodial Youth Justice currently hold a delegation to give consent to medical treatment subject to the requirements of this section.

On admission of a young person to AYDC, the young person's guardian is sent an introductory letter which includes an explanation of what will happen while the young person is at AYDC. The letter includes the following:

> *You might be contacted at other times to support (insert young person's name). This could include if police need to conduct an interview, **medical treatment is required**, or a conference is being held to discuss an offence that has been committed at AYDC.*

For young people who are in detention and under a Care and Protection order, there is a policy clarifying who is authorised to consent to medical treatment and who are under the guardianship and custody of the Secretary.

CPHS has its own comprehensive protocol which outlines the process and procedure for Medical Practitioners when obtaining consent from patients consenting to medical procedures, including specific references to medical consent in minors.

The inspection found that there is no single document which provides AYDC staff, particularly youth workers, with advice or guidance as to how to assess whether a minor has the capacity to properly understand the nature and potential consequences of proposed therapeutic medical treatment. This should be addressed.

Recommendation 1:

Develops a clear policy concerning consent to medical treatment for minors which provides guidance to staff to assist with assessing a young person's capacity to legally consent to medical procedures and treatment.

Immunisations

Nurses are able to log into the Australian Immunisation Register and check if the standard childhood vaccinations have been administered, including amongst other things, varicella (chicken pox), rubella, mumps and measles. The nursing staff provide comprehensive information to residents in relation to immunisations so that the young person can make an informed decision whether to be vaccinated or not. The nurses also assist residents with 'No jab No pay' issues.[13] The inspection team was told that immunisation clinics are sometimes held in the quieter periods which generally occur on weekends.

Parenting Programs and Family Planning

AYDC has a program available for residents that are young parents and this contains information about how to look after their child(ren) and themselves. It is an individualised program for young people expecting a baby, who already have an infant, or who intend to join a partner in a similar situation and would benefit from after-care support information.

There is a good relationship between AYDC and the family planning clinic in Launceston and a large focus on sexual health is provided on the reception of a detainee. Sexual relations between residents are not permitted.

The nursing staff provide comprehensive information to female residents in relation to contraceptives. Contraception is available to resident females both to commence treatment and for continued prescription.

[13] 'No Jab No Pay' is a federal law applicable in all states and territories that affects eligibility to certain subsidies and benefits. Relevant vaccinations for individual children must be recorded on the Australian Childhood Immunisation Register to ensure a parent's eligibility for certain Centrelink benefits, and tax rebates and supplements.

Condoms are not provided to young people in detention. Nor are condoms included in the 'exit pack' given to young people on their release from detention.

Recommendation 2:

Provide condoms and basic toiletries in the 'exit pack' provided to young people on release.

Medications

Most of the residents at AYDC are prescribed medication for a range of reasons. For example, nurses reported that many of the young people are heavy cannabis smokers, using the drug to assist sleep at night. As a substitute for cannabis to assist sleep, AYDC provides melatonin by prescription. Additionally, some young people will be on schedule 8 medications[14] for pain relief and sedatives, to treat mental illness, and Attention Deficit Hyperactivity Disorder (ADHD).

Medications are packed and provided by the CPHS pharmacy situated at Risdon and transported to AYDC. Pharmacy staff pack the young person's weekly medications in Webster packs[15] [16] and these are labelled with the patient's name, date of birth and photograph.

Consumable general medicinal stock is kept in a locked cabinet, referred to as the imprest store. Nursing staff advised that it is rare that stock is completely depleted and, if this does happen, the item can still be sourced from nearby pharmacies or the Launceston General Hospital.

[14] Schedule 8 drugs (drugs of dependence) are prescription medicines that have a recognised therapeutic need but also a higher risk of misuse, abuse and addiction. They are classified this way to ensure patients have access to the right treatment while minimising the potential for misuse and the development of dependence. Use of schedule 8 medications is strictly regulated.

[15] Some medications, such as schedule 8 drugs, are not webster packed as they have different storage and check/balance requirements. Where necessary, medications may be sourced through the Launceston General Hospital to ensure continued therapy.

[16] A webster pack is a multi-dose medication packaging system that is a sealed weekly calendar pack designed to help people take their medication correctly, according to their doctor's orders. All regular medication that needs to be taken each week is sealed in blister compartments. Webster packs are tamper-evident and cannot be spilled accidentally, and medications cannot be changed without that being obvious.

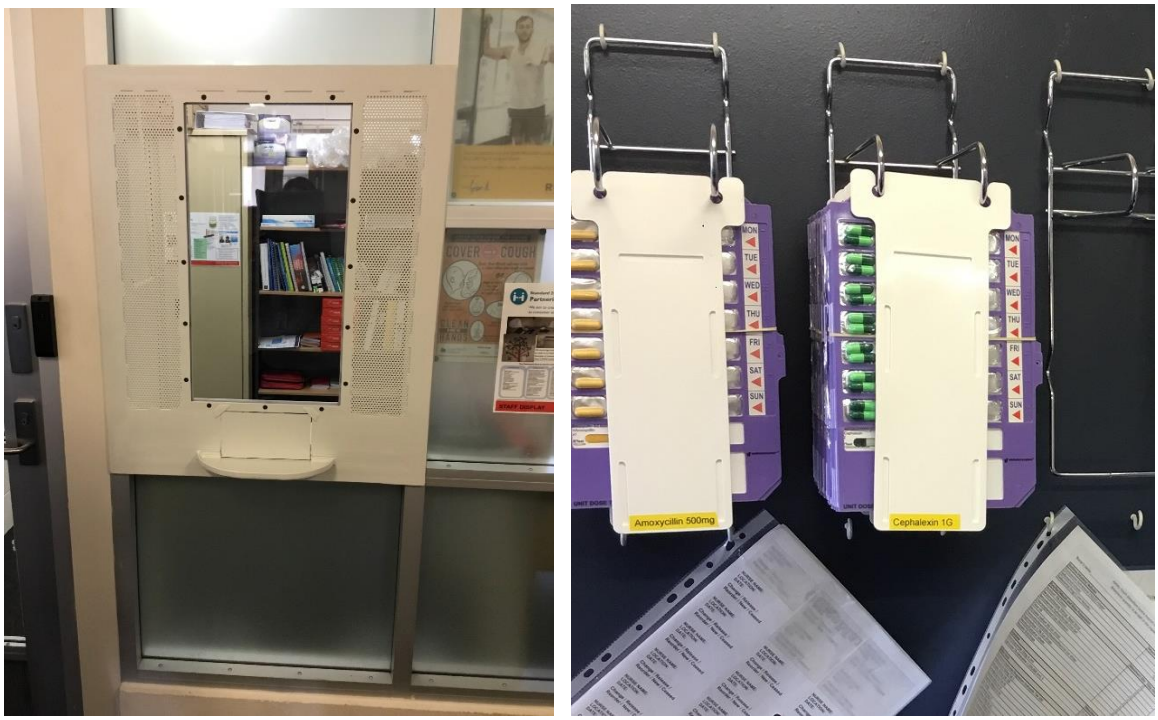
* The imprest store at AYDC

Nursing staff have primary responsibility for the management and administration of medication at the facility. Medication is provided by the nurse from the pharmacy directly to residents twice daily, once at 8.00am and once at 4.30pm. Nurses sign the patient medication charts when medications are given to the young people, directly after it is administered. Refusals to take medication are also charted.

The inspection team was advised that youth workers who are endorsed to provide medication, distribute medication between 7:00pm and 7:00am when the nurses are not onsite. Usually the operations coordinator (the shift supervisor) undertakes the medication endorsement training which meets legislative requirements to enable them to assist residents to take their medications. The training covers all basic types of medications, adverse effects, proper handling and storage of medications as well as documentation requirements.

Medication endorsed youth workers do not sign the patient medication charts, rather they fill out a medical handover sheet that the nurses prepare with dosing instructions. The medical handover sheet is returned to the nurse in the morning, updated by the youth worker to include details of when the medication was given or if it was refused. The nurse then notes the time the medication was administered during the night on the patient medication chart.

On release from AYDC young people are provided with any required continuing medications for the rest of the week, packed in Webster packs. Any unused and not required medications are returned to the pharmacy at Risdon. Medical staff ensure that arrangements are in place for a community general practitioner to represcribe.



* The medication-dispensing window in the health clinic and Webster packed medications

Suicide and Self-harm

AYDC has a duty of care to ensure the safety of all young people in custody at the facility. It is especially important to ensure all young people identified as 'at risk' of suicide or self-harm receive appropriate care, support and supervision.

On admission, the admitting AYDC staff member completes a young person's risk questionnaire with them. Questions relevant to suicide and self-harm (SASH) are part of this questionnaire, which is usually completed within an hour or so. If there is any risk detected CPHS staff are notified.

As noted above, an initial medical and psychological assessment of physical and mental wellbeing is also conducted within 24 hours of a young person's admission to detention. Additionally for the first 24 hours, the young person is under 10 minute observations and every bedroom has direct communication with youth workers.

AYDC has a standard operating procedure for SASH which details the four suicide and self-harm risk levels used. These risk levels describe the current suicide and self-harm status of the individual concerned and the associated observation and monitoring requirements for that status.[17]

If a young person is identified as being at risk of suicide and self-harm a Risk Treatment Plan will be developed which will cover such things as accommodation, access to amenities, observation and monitoring, type and level of interaction and other relevant crisis actions. The Risk Treatment Plan is developed by a Risk Intervention Team (RIT) which meets face-to-face or by Telehealth. The RIT comprises a nurse, a doctor or psychologist and an

[17] The four levels and observations times are Level I (Constant), Level 2 (10 Minutes), Level 3 (20 Minutes), On Alert.

operations coordinator. Where necessary, other staff may be invited to be part of the RIT at the discretion of the nurse or doctor. RIT ratings cannot be downgraded without a formal review.

All young people have access to confidential helplines, however, it is not possible to free dial these services. A call needs to be organised by a staff member and this raises issues of confidentiality.

A Suicide or Self Harm Mandatory Notification Form must be completed where:

- there is concern that a young person may be at risk of suicide or self-harm;
- information has been received from a third party that indicates concern;
- a young person threatens, verbally or in writing, to harm him/herself;
- there has been an actual self-harm incident or incomplete suicide attempt; and/or

The inspection team received feedback that the risk and incident reports could be more user friendly.

Gaps in Services

There is no paediatrician on site at AYDC. Young people are instead referred out to specialist paediatric services as required. The inspection team was advised that if a resident has a private paediatrician in the community, AYDC staff would contact that paediatrician.

Adolescence is the period between the onset of puberty and the cessation of physical growth, which is roughly from 11 to 19 years of age.[18] It is an important stage of human development and a time of changing health needs, such as:

> *… the onset of new health risk behaviours (e.g. smoking, alcohol and other drug use), the emergence of mental health disorders (75% of adult mental disorder onsets before 25 years), new sexual and reproductive health needs (e.g. contraception, pregnancy, STIs, gender orientation), and greater risks from injury (e.g. road traffic injuries). A significant proportion of adolescents and young adults also have chronic health conditions from physical, mental and developmental disorders.*[19]

Given the complexities that can arise in adolescence, adolescent health has become a specialist health service. There is, however, limited access to specialist adolescent health services for young people in detention at AYDC. A psychiatrist, specialising in childhood and adolescent psychiatry, attends AYDC once per month, flying in from Melbourne. AYDC should engage the services of an adolescent physician to consult with residents on a regular basis.

Another significant gap identified by the inspection team was the lack of an Aboriginal health worker. Given the prominent number of young people identifying as Aboriginal or Torres Strait Islander in detention at AYDC this should be addressed. If a young person has identified

[18] https://medical-dictionary.thefreedictionary.com/adolescence.
[19] https://www.racp.edu.au/fellows/resources/curated-collections/adolescent-and-young-adult-health.

as Aboriginal or Torres Strait Islander on admission, an Aboriginal health worker should be contacted and meet the young person as soon as possible after the admission.

Young people's privacy is somewhat compromised by the medical appointment booking system used at AYDC. There is no private booking system for a medical appointment. Young people are required to ask the nurses directly, or a youth worker or case management team member, to make an appointment on their behalf. They do not have to provide any details as to why they require an appointment. If an external appointment is requested, the nurses will investigate the appropriateness of the appointment and consult with a doctor. The nurses at AYDC are the keepers of all medical appointments.

Recommendation 3:

Engage the services of an adolescent physician on a regular basis.

Recommendation 4:

Engage the services of an Aboriginal health worker on a regular basis.

Medical Records

An electronic medical records system called Prison Health Pro operates at AYDC. This system is the same as that used in adult custodial centres in Tasmania, but has some reduced functionality.

The inspection team was told that health records cannot be shared between CYS and TPS and that this is an issue. A new health record starts if a young person aged over 18 is transferred to an adult custodial centre or a young person previously detained at AYDC enters TPS as an adult. It was suggested to the inspection team that the young person's health record should follow them to prison.

It is acknowledged that there are good reasons for having restrictions on the sharing of information relating to the criminal history of a young person, however, that person's health record is not related to their behaviour. CPHS staff operate the health clinics at both AYDC and TPS so in many cases there will already be some cross over of knowledge of the young person. Additionally, there are protections offered by the fact that the Prison Health Pro system is a secure system that can only be accessed by CPHS health professionals and, with the exception of the three CPHS doctors, cannot be accessed outside a prison facility or AYDC.

Recommendation 5:

CPHS introduces procedures so that the heath record of a young person in detention at AYDC follows the young person if that young person enters a Tasmanian adult custodial centre.

7.2 Management and Treatment of Substance Abuse

Inspection Standards 3.8.2, 3.8.3, 9.7

The inspection against the standards relating to the management and treatment of substance abuse was also conducted on 11 May 2017. Again, Dr Michael Levy provided consultancy services for this inspection and assisted in developing the recommendations.

The overriding responsibility of youth justice is to address offending behaviour and reduce the likelihood of recidivism. Helping young people to stop, or reduce, their use of substances helps to meet this responsibility.

The inspection team was told that methyl amphetamine, or ice, use amongst young people entering AYDC is very high. Anecdotally, many young people report having commenced using ice from a very young age.

Initial health assessments are undertaken on a young person's reception into detention to identify those who are physically dependant on drugs and/or alcohol and require detoxification or assistance to manage substance abuse issues. This process involves establishing the type of use and, in consultation with the resident, putting in place behaviour management plans.

Programs and Education

The inspection found that, despite this reported wide drug use, there are limited rehabilitation programs to address substance abuse available for young people in detention at AYDC. Some basic drug and alcohol education is provided by the Ashley School, but there are no Alcohol and Drugs Counsellors on staff. Rather, referrals are made to Alcohol and Drug Services (THS) in the North and North West.

Individual Counselling Sessions

The AYDC induction booklet, *Information for Young People and Families*, states that a drug and alcohol worker attends the Centre each week. The Program Summary Table (March 2017) states that Drug and Alcohol Counselling by external agencies consists of individual appointments scheduled fortnightly. In relation to this contradiction, the inspection team was advised by nursing staff that a Drug and Alcohol Youth Worker (THS) from Launceston attends AYDC each fortnight. The AYDC induction booklet should be updated to reflect current practice.

Drug and Alcohol Youth Workers offer individual counselling service to young people with alcohol and other drug issues. The service is offered on a one-on-one basis focusing on harm reduction and minimisation and participation is voluntary. It is a client-focused approach and, because it is needs based, it does not have a specific duration. Young people can be referred by a youth worker or medical staff, or can self-refer.

The inspection team was advised that participation from external services is not always optimal and that AYDC needs better services to assist young people with the management and treatment of substance abuse. As noted above, Drug and Alcohol Youth Workers attend AYDC only once a fortnight and attendance is not rescheduled if the service provider is unable to attend. Young people at AYDC must wait until the next fortnight for another appointment, resulting in a month between counselling for some, and increased demand for services. On

the other hand, the inspection team was also told that there is a low uptake of drug and alcohol counselling appointments offered to residents. This area will be closely monitored to determine if adequate alcohol and drug counselling services are provided, and whether internal or additional services are required.

Nicotine Replacement Therapy

Smoking is banned at AYDC with all facilities inside the perimeter fence being smoke-free. The inspection team, however, observed AYDC staff smoking in a shed located directly outside the perimeter fence at the entrance to the detention centre next to the sally port, visible to residents. AYDC offers access to nicotine replacement therapy for young people in detention (age eligible), however, the nurse reported that most feel sick after using a patch and do not want to use again.

* The staff smoking shed outside the perimeter fence

Pharmacotherapy

'Pharmacotherapy' is the term used to describe the use of medication, such as suboxone, methadone and buprenorphine, to assist in the treatment of opioid addiction. Pharmacotherapy treatment is often referred to as substitution treatment as it involves the prescription of a drug with a similar action, but with a lower degree of risk, to a drug of dependence. The inspection team was advised that it would be very unusual for a young person to be on opiate substitution as they need to have a substantial history of opiate addiction, and stimulants and cannabis are usually the drugs of choice. Nursing staff were not aware of any instances of a young person on suboxone, methadone or buprenorphine medications whilst in detention. If required, pharmacotherapy treatment would be provided to a young person who is already engaged in an opioid replacement program when they enter youth detention or who has been assessed as potentially eligible for pharmacotherapy through a specialist physician.

Detoxification

Drug and alcohol addictions are generally picked up in the intake and assessment screening. Based on physical symptoms, nursing staff assess withdrawal and detoxification from drugs and, if required, young people will be assisted by the prescription of medicines such as Valium for a short period. The inspection team was advised that medical staff monitor young people exhibiting withdrawal symptoms very closely and there are withdrawal protocols in place.

The inspection team was also advised that serious withdrawal and detoxification from substances are rare events at AYDC due to the young age of residents and a lack of "mature" illicit drug use behaviours. When withdrawal does occur, medical staff advised that symptoms often present as a mental disorder and either way, be it a mental disorder or drug withdrawal, the young person is assisted by medical staff as described above.

AYDC has multiple units and bed capacity far exceeding demand, so there is capacity to accommodate residents in units by themselves for safety if required during severe withdrawal.[20] It is noted, however, that not all units have access to secure courtyards which can be used by young people to exercise and stay active, helping take their mind off drug use and the effects of withdrawal, while at the same time ensuring the safety of the young person and others, while detoxing.

Through-care

It appears that little through-care[21] is provided in the way of alcohol and drug services on release. Tasmania has few residential drug and alcohol treatment facilities in the community. Access to available residential drug services is therefore very limited and is voluntary. Young people may choose to attend these services but can leave at any time. This is a concern, as untreated addiction among individuals often results in re-offending behaviour, not to mention

[20] "Cannabis withdrawal in prisons and detention centres that accommodate either adults or young people has anecdotally been associated with increased levels of aggression and violence". Refer *Queensland Alcohol and Drug Withdrawal Clinical Practice Guidelines,* Queensland Health, August 2012, page 59. https://www.health.qld.gov.au/__data/assets/pdf_file/0026/444419/detox-guidelines.pdf

[21] Through-care describes how youth justice services and community service systems must work together to ensure that continuity of care is preserved for young people during their time in detention and post-release.

adverse health outcomes. The observations of the inspection team should not be taken as implying that there is a need for mandated treatment, nor is involuntary participation in programs proposed.

Substance Testing

There is no alcohol and drug testing system in place for young people at AYDC. Consideration should be given to introducing drug and alcohol testing where a young person appears affected by alcohol and/or other drugs, or there is some intelligence that indicates that a young person has been consuming alcohol or drugs, or has these items in their possession.

Recommendation 6:

Consider introducing drug and alcohol testing where a young person appears affected by alcohol and/or other drugs, or there is intelligence that indicates that a young person has been consuming alcohol or drugs, or has these items in their possession.

7.3 Mental Health Care

Inspection Standards 1.4, 3.1.1, 3.3.4, 3.3.7, 3.6.6, 9.1, 9.2, 9.3, 9.4

The inspection against the mental health care standards was conducted at AYDC on 27 July 2017. Being a specialist area, Professor James Ogloff AM FAPS, Director, Centre for forensic Behavioural Science at Swinburne University of Technology and Director, Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare) was engaged as expert consultant to assist with the inspection and formulation of recommendations. He has prepared a separate report which is Appendix 3. Full details of the mental health services provided at AYDC together with the findings of the inspection team are outlined in that report and need not be repeated here.

Specialist psychiatric services are provided to youth detainees at AYDC as an outreach service through the TAZREACH program. Outreach services are services provided to rural, regional, remote or very remote communities by services providers travelling to these locations from larger areas. The purpose of the TAZREACH program is to increase access to services in regions that would not normally have such access. TAZREACH services are funded by the Commonwealth Government and administered by the TAZREACH office of the Tasmanian Department of Health.

The recommendations contained in the report at Appendix 3 are adopted and reiterated as follows:

Recommendation 7:

Increase the dedicated psychiatry time for young people in detention and links to external psychiatry services to assist young people on release.

Recommendation 8:

Increase the dedicated clinical psychology time for young people in detention.

7.4 Food and Nutrition

Inspection Standards 4.6.3, 9.6, 9.11, 9.13

Food is a significant contributor to the health, morale and quality of life of young people in detention. The expectation outlined in the inspection standards is that food provided to young people is high quality, nutritionally adequate and varied. Food provided to young people should meet vegetarian, religious and medical dietary requirements. The inspection standards also require that advice is sought from dietitians or nutritionists and that young people should be educated about healthy eating and its benefits.

The inspection against the food and nutrition standards was conducted on 13 September 2017. Being a specialist area, Ms Ngaire Hobbins, APD, provided consultancy services for this inspection and assisted in developing the recommendations contained in this report.

Access to food for young people at AYDC is through the kitchen, canteen purchases and food provided to the units by the kitchen. Fresh fruit and additional bread are always available in the units.

Generally, meals provided at AYDC are of good nutritional value and menu planning aligns with dietary guidelines for younger people. The kitchen staff try to 'hide' vegetables in meals as much as possible, such as by using in pasties, rissoles and other items, and the inspection team was told that generally the residents eat and are happy with those meals.

* The AYDC kitchen

* The AYDC kitchen

At AYDC on the day of inspection, the lunch meal was a "BLT", bacon, lettuce and tomato on bread. The inspection team also ate the lunch meal prepared for the residents.

* The lunch meal on the day of the inspection, a "BLT"

Positives and Initiatives Underway

There is enthusiasm and motivation among AYDC management and staff to extend health promotion and education in nutrition and healthy lifestyles, and to facilitate vocational training in cooking and food production that can support these initiatives.

One initiative is the development of the "Physically Fit Challenge" (under development at the time of the inspection), which will form part of a coordinated approach to provide ongoing education to residents and staff in healthy lifestyles.

The personal trainer at AYDC also offers a good role model for the residents, many of whom have limited experience of vegetables such as beetroot and broccoli, wholegrain bread, or other healthy options. The personal trainer and others, such as nursing staff, are able to normalise healthy foods and encourage experimentation.

Health Concerns

Weight gain is a considerable issue for many residents and this issue was raised with the inspection team by nursing staff. Anecdotally 70 percent of young people gain weight in detention. This is possibly due to a combination of inactivity at AYDC (many young people do not have driver licences in the community, so they walk a lot), unlimited access to food, poor food choices and normal teenage growth. Abstinence from alcohol and drugs may also be a contributing factor to weight gain. Additionally young people have unlimited access to food at AYDC, when it may not have been as easy to come by in their previous life. Anecdotally, it is not uncommon for some young people to have difficulty regulating their consumption of food at AYDC, as in the community they have not previously known when they might eat again, so tend to binge eat. It should also be noted that some young people arrive at AYDC below expected height and weight for their age and, in these instances, it may be that these residents achieve healthy weight gain due to a structured environment and better food.

If the residents read the menu for the evening meal and decide they do not like the meal on offer, they can request extra bread, cheese, noodles and the like and avoid the prepared food when it is delivered. This is wasteful and costly as well as nutritionally disadvantageous.

Dental issues are very common and previous very poor dental hygiene is common. Nursing staff advised that most young people report having shared a toothbrush with siblings or not having one.

Excessive Consumption of Sugar

The main area of concern is in excessive consumption of sugar and to a somewhat lesser, but still concerning extent, salt.

Dessert is provided seven nights a week as well as what is called 'slab' for supper, which is a selection of slices and/or biscuits, or cheese and cold meats. As well as dessert and slab, residents get canteen on Friday nights so often have additional confectionery or high salt snacks those nights.

The inspection team was advised that there have been internal discussions regarding whether the residents should receive dessert on Friday nights in an effort to reduce sugar intake on canteen day. There was, however, push back from some youth workers who eat with the young people as they do not receive canteen and are fed the dessert - they still wanted to be served dessert. On the day of inspection, the 'slab' prepared for supper that evening was caramel slice and Anzac biscuits.

* The 'slab' prepared on the day of the inspection to be served that evening for supper

High sugar foods, predominantly icy poles, confectionery and chocolate, are increasingly being used as incentives or treats. Sweet snacks are used as rewards in education programs and extra snack foods are made available on movie nights which can result in an accumulated amount of less nutritious foods being consumed by residents.

The inspection team was advised that two to three years ago these foods were only available to residents occasionally but now the kitchen must supply them when they are requested, and units with three or four residents can go through a 24 pack of icy poles in 24 hours.

The range of discretionary foods available at the canteen is not extensive and purchases that are high in sugar or salt and low in nutritional value foods including confectionery, chips and similar snack foods are limited to two items in each weekly canteen order.

There has also been a gradual increase in additional food such as Nutella, two minute noodles, ice cream, ice cream flavouring (used both in drinks and as a topping) and cappuccino sachets being made available in the units. Young people are not always able to resist the temptation to eat these instead of the more nutritious meals provided. The inspection team was told

that units are often consuming a one-litre bottle of flavouring a day, plus powdered flavour additives like Milo.

Recommendation 9:

Minimise the use of sweets, icy poles and other snack foods as incentives.

Recommendation 10:

Develop and implement a strategy to limit the amount of flavouring including bottles of topping, milo or similar milk flavouring, icy poles and ice cream on hand in the units.

Recommendation 11:

Reduce the availability of less nutritious items in the units, offering instead items such as yoghurt, cheese, fruit, nuts, tuna, eggs, baked beans, wholegrain biscuits, and possibly pre-cooked rice dishes in sachets.

Canteen

As previously noted, the range of discretionary foods available at the canteen is not extensive and purchases that are high in sugar or salt and low in nutritional value foods including confectionery, chips and similar snack foods are limited to two items in each weekly canteen order. There are, however, limited healthy food options for residents to purchase.[22]

The inspection team was advised that in the past healthy options on the canteen menu included tuna and rice, but there was a change in packaging from pouches to metal ring pulls, and the young people were no longer allowed to have these items due to security and safety concerns. AYDC should explore options for alternative packaging options, which could include providing the food in a reusable container, and reintroduce these healthier options at canteen.

AYDC should introduce a "traffic light" system to categorise foods and drinks on the canteen lists according to their nutritional value and levels of energy, saturated fat, fibre, sugar and salt. For example, green food and drink items are healthy choices; amber food and drinks items should be selected carefully; and red items are not recommended. This is a common approach adopted by many school canteens.

[22] Healthy food options include bottled water, rice sticks, beef jerky, peanuts and rice cakes.

Visual awareness of the amount of sugar in foods may be another way to help young people understand what is in their food. That is, to make a visual representation of the amount of sugar in a variety of canteen items.

Recommendation 12:

Introduce a "traffic light" system to categorise foods and drinks on the canteen lists according to their nutritional value and levels of energy, saturated fat, fibre, sugar and salt.

Meal Presentation and Mealtimes

Residents do not share evening meals in a central dining area at present. Instead food is delivered to the units in a bain marie with youth workers serving the food. Evening meals are generally prepared in advance and kept warm in the bain marie and concerns were raised about the quality of food following the delay between preparation and serving. Kitchen and management staff commented that the presentation of meals is very poor and that discourages intake.

* A bain marie used to serve evening meals

If evening meals continue to be served in the units by the youth workers, those workers should be trained in basic food presentation as well as given an overview of food and nutrition as part of their induction program. If possible, youth workers should be encouraged to eat the same meals as the residents.

Recommendation 13:

Consider moving dining back to a central area for evening meals so that kitchen staff could work on presentation and thus reduce wastage.

Education and Practical Learning

There appear to be significant gaps in terms of educating young people about good nutrition at AYDC. At the time of the inspection, there was no coordinated approach or particular resource responsible for teaching residents about healthy food choices and such things as not binge eating - they do not need to worry about where their next meal will come from. Based on the information provided at inspection regarding the "Physically Fit Challenge", when implemented this should go some way to addressing the gaps.

Many residents have never learned how to cook food at all, and their understanding of what constitutes nutritious food is poor. In the past, cooking courses have been run at AYDC, but are currently not available. Barista training and some basic baking, offered through the school, is an option, but it is not nutrition focused.

* Savoury scrolls baked in the school kitchen on the day of the inspection

A cooking course, focusing on preparing wholesome food that is not excessively high in sugar or salt and that ideally uses local produce and fresh vegetables and fruits, should be recommenced and made available to all residents. Ideally, this should align with vocational training curricula.

Recommendation 14:

Recommence, and make available to all residents, a cooking course, focusing on preparing wholesome food that is not excessively high in sugar or salt.

Staff Education and Training

Unfortunately, some youth workers do not always provide the same positive examples that the personal training and nursing staff do. Anecdotally, some youth workers request from the kitchen special meals or eat hot chips as a meal alternative. The youth workers are not detainees of course, and have the right to make choices about the foods they eat, but they are important role models and it would be of benefit to the nutritional status of residents if they were able to embrace that role effectively. As part of nutrition education, staff, especially youth workers, should be counselled in being good eating role models for residents, including making good eating choices themselves while on duty to support that role.

The Need for Dietician Services

The main issue with health initiatives, and with the cooking course, appears to be inadequate government funding. It is understood that following the inspection, AYDC approached the Department of Health to request the services of a dietitian for professional advice to support the key tasks and milestones for implementation of the Physically Fit Challenge initiative. Due to staff cuts in nutrition services in the Department of Health in recent years, however, it was unable to offer assistance at that time. The support of a dietitian is essential for the Physically Fit Challenge and as an ongoing resource for residents and for educational initiatives at AYDC.

If the Department of Health is not able to offer dietitian services to support AYDC nutrition education initiatives and the Physically Fit Challenge, then the services of a private dietitian must be engaged and funded.

The dietitian engaged should offer ongoing education to staff on the nutritional needs of young people as well as residents, include one-on-one counselling support to residents where needed and be involved in the Physically Fit Challenge where appropriate.

Recommendation 15:

Engage ongoing dietician services to support AYDC nutrition education initiatives, to provide education on the nutritional needs of young people to staff and residents, and to provide one-on-one counselling support to residents where needed.

Student Dietician Report with Recommendations (2016)

A student dietician prepared a comprehensive report with recommendation for AYDC in 2016 titled *Identifying priority area for improvement to support healthy eating promotion within the Ashley Youth Detention Centre setting*. A copy of this report was provided to the inspection team by AYDC management.

In summary, the recommendations in the report are broken into five main areas:

1. lunch and evening meals – options to address heavy and large portioned meals at lunchtimes and storing evening meals in the bain marie for an extended period of time;
2. food within units – providing a variety of healthy food choices for breakfasts and snacks;

3. provide consistent messages – developing a policy around healthy eating and nutrition for staff to follow and providing staff development or training around healthy eating and nutrition meals;
4. provide food which meets one hundred percent of the young people's nutritional requirements – developing a menu checklist that staff can use weekly to ensure the menu if providing food that meets young people's nutritional requirements; and
5. increase healthy eating promotion and awareness at AYDC – focusing on practical food skills such as growing vegetables, preparing some of their own food in the unit kitchens, cooking in the school and developing a cookbook.

The recommendations contained on page 33 of the report should be implemented. The only exception is the recommendation that suggests complete removal of the less nutritious food options provided in the units such as noodles, ice cream, icy poles, and sweet drinks. To completely remove these items is likely to create a backlash from residents. Additionally, they are available in the community and to withdraw these items does not promote healthy eating choices on discharge. Alternatively, AYDC should reduce the availability of less nutritious items in the units, offering instead items such as yoghurt, cheese, fruit, nuts, tuna, eggs, baked beans, wholegrain biscuits, and possibly pre-cooked rice dishes in sachets.

Recommendation 16:

Implement the recommendations contained in the student dietician report *Identifying priority area for improvement to support healthy eating promotion within the Ashley Youth Detention Centre setting (2016)*, with the exception of complete removal of the less nutritious food options provided in the units.

7.5 Physical and Recreational Activity

Inspection Standards 6.1.5, 9.6.1, 9.9

AYDC has excellent recreational facilities for young people including an indoor gym, which has a basketball court and a fitness area, an outdoor swimming pool (open seasonally), an outdoor basketball court, and cricket nets.

* The outdoor exercise equipment at AYDC

* Cricket nets and grounds at AYDC

AYDC engages several external service providers to encourage active participation in physical recreation activities. The inspection team was advised that the Launceston Police and Citizens Youth Club regularly conducts fitness-related activities during school holidays. Similarly, Skate Escape, from Launceston, attends AYDC during school holiday periods.

A personal trainer is also engaged to attend AYDC several times per week and sessions are run as part of the daily programs. The inspection team observed one session in action. The personal trainer combines a variety or training such as aerobic (cardio), anaerobic (weight) and calisthenics. Programs are tailored to individuals. During these sessions young people are instructed on the proper use of equipment by appropriately qualified staff, this being the personal trainer.

Young people at AYDC also have access to recreational activities including play stations, crib boards, cards, table tennis equipment, cricket sets, basket balls, volley balls, soccer balls, and skipping ropes.

There are standard operating procedures in place outlining the requirements for the safe management of allocated fitness areas at AYDC.

The Ashley School also runs group sports, cross-country and swimming carnivals collaboratively with AYDC staff.

Young people also have access to coloured pencils, sketch books, writing pads, puzzle books and playing cards through the canteen.

Youth workers engage with the residents by playing games and table tennis in the units during their shifts when the young people are not engaged in school or programs.

* The recreation area and table tennis table in a residential unit

Sporting opportunities for residents occur, and are subject to risk assessments and leave forms as required. Examples include attending a local gym for work experience and participating in the Just Sports weekend program run by an external organisation. The Ashley School has had rugby and touch football experts on-site over the years, including the Hawthorn Football Club. Young people have also participated in both the Deloraine and Devonport Table Tennis Association competitions and championships. Residents participate in off-site sporting activities as part of their reintegration process.

7.6 Hygiene and Environmental Health, Including Clothing and Bedding

Inspection Standards Hygiene & Environmental Health – 3.1.6, 3.3.9, 3.3.11, 6.3.8, 9.6.9, 9.6.10, 9.6.11

Inspection Standards Clothing & Bedding – 9.10

The inspection focussed on: food safety; drinking water quality; hygiene and environmental health issues; and clothing and bedding. Consultancy services were obtained from Environmental Health Services at DHHS – Public Health Services and Ms Helena Bobbi, Environmental Health Officer assisted throughout, with input from Mr Cameron Dalgleish, State Water Officer, in relation to drinking water quality. Environmental Health Services provided a report on inspection findings and recommendations.

Cleanliness

Staff undertake inspections of the bedrooms once a month. This involves checking mattresses, curtains and seats. The inspection found that the grounds and facilities at AYDC were well maintained and there was a high level of cleanliness throughout the site.

Young people are provided with toiletries, including shampoo, toothpaste, soap, toilet paper, deodorant, a hairbrush, sanitary items, hair bands, and safety toothbrushes when required at no cost. Dental floss is available from the unit office and razors are available from operations coordinators, to be used and returned straight away. Additional toiletries such as lip-gloss, shave lather, hair wax, shower gel, body lotion, face cream and cleanser, and sensitive skin products are available at a reasonable price through the canteen.

At the time of the inspection, hygiene packs containing sanitary products for young women were not available in escort vehicles. This has, however, now been addressed by AYDC management after the inspection team raised the issue. Hygiene packs have been placed in AYDC vehicles and the escort vehicles provided by an independent contractor. The inspection team will continue to monitor this to ensure that the practice continues.

Food Safety

AYDC is registered as a food business by Meander Valley Council in accordance with the *Food Act 2003*. An up-to date food safety program is also in place.

The inspection found that general processes and procedures are documented and recorded by relevant staff. This includes details of approved suppliers, delivery of goods, cook-chill procedures, cleaning and sanitising, pest control and details of food handler training undertaken by all food handlers.

While allergen management is covered by the food safety program, it should also include reference to the protocol for identifying young people with food allergies when first taken into custody.

Recommendation 17:

Include in the food safety program a reference to the protocol for identifying young people with food allergies when first taken into custody.

With the assistance of staff, residents prepare and eat their breakfast in their unit. Ingredients are stored appropriately in the unit kitchenettes. Lunch is prepared by AYDC food handling staff in the main kitchen and it is eaten in the adjoining dining room. The evening meal is also prepared in the main kitchen and is then transported in a mobile bain marie to the residential units. Youth workers portion and serve the evening meals from the bain marie in the unit kitchenettes. Supper ('slab') is also prepared in the main kitchen and transported to the units for residents to eat later in the evening.

The procedures in place for the preparation, delivery and service of meals to residents are considered compliant with food safety requirements (as per the Australia New Zealand Food Standards Code).

* A unit kitchenette sign reminding staff about hygiene and food safety when serving meals

Pest Control

A pest control external service provider attends AYDC for baiting every six months and for spraying every six months, with additional spraying as required.

Drinking Water Quality

The external consultant collected drinking water samples for testing and the results were analysed by Environmental Health Services.

* A water sample being collected from a unit kitchenette

The results indicated that concentrations of nickel and lead exceeded the Australian Drinking Water Guidelines (ADWG) in some of the residential units. To investigate the source of these metals the TasWater supply to the site was analysed. The analysis did not show any metals present above the ADWG values. Therefore, it is likely that the metals are present as the result of water being transported in the detention centre's plumbing. The ADWG indicate that both nickel and lead can leach from plumbing into water supplies. Nickel is used in some tap fittings and fixtures and lead is used in the manufacture of plumbing pipes and solders.

The water sampling program was specifically designed to highlight the extent of any internal plumbing influences and to determine if consumption of the water poses any health risks to residents and staff. The health risks are assessed by comparing the results against the ADWG health related guideline values. The extent of plumbing influences was determined by observing changes in metal concentrations over time by taking a series of samples from the same location.

Water samples taken when a tap was first turned on were at times non-compliant with the ADWG. The results demonstrate, however, that running a tap for two minutes prior to taking a sample brings the water to well within the ADWG.

The decreasing trends of the metal concentrations in water supports the likelihood that internal plumbing, including pipes, fittings and fixtures, is degrading the water quality. This is

likely to be exacerbated by the low occupancy rate of the facility, as water supplied to bedrooms that are unoccupied remains unflushed and exposed to metal fittings and fixtures for longer than normally experienced in an occupied dwelling.

To minimise risk to health, Environmental Health Services advised that all residents and staff should run the taps for two minutes prior to using the water for drinking, washing and preparing food, and brushing teeth. This advice is particularly important for pregnant and lactating women and children under 12 years of age, for whom the risk of health effects is greatest. Both cohorts are rare at AYDC. To determine whether a shorter 'flush time' would deliver water within the ADWG limits, it was advised that a suitably qualified person should undertake further sampling and analysis of drinking water at the site.

This general advice regarding flushing of taps is not a cause for major concern and is consistent with published information for the general community on the Department of Health's website about flushing household plumbing first thing in the morning and after extended periods of absence. Refer http://www.dhhs.tas.gov.au/publichealth/water/drinking/mains).

According to the Environmental Health Services report on inspection findings:

> *The advice and recommendations regarding drinking water quality adopt the precautionary principle and reflect the Department's best judgement in light of the limited water sampling undertaken (one sampling event). Water sampling provides an indication of the quality of water at that point in time. Uncertainty exists surrounding the interpretation of the current results due to the limited sampling undertaken which may not be representative of overall water quality. It is also anticipated that samples taken first thing in the morning would exhibit greater plumbing influence and therefore have higher levels of metals than those reported in this investigation.*

In response to the results from the water sampling, AYDC has implemented a flushing regime as part of the AYDC maintenance schedule to ensure that all fixtures throughout the facility that are used for consumption are to be flushed at regular intervals for a period of no less than two minutes. Further water testing has been undertaken and plans are in place to re-test again in early 2019.

Waste Water and Swimming Pool

The onsite waste water disposal system at AYDC is a Blivet which is serviced every 12 weeks. The system is pumped out, drained and checked by an offsite contractor. Internally the system is also visually checked three times per week (Monday, Wednesday and Friday) to ensure the rotating wheel is operating properly, there are chlorinated tablets, and excess water is transferring to the farm locations.

The storm water catchment from the roof and drainage areas, yards, paths, and driveways, distributes to the grounds.

The swimming pool opens for residents to use on the first weekend of November and closes in April. AYDC staff sample the swimming pool water and test its chlorine and ph levels three times a week (Monday, Wednesday and Friday) with the results recorded in a book. As required, AYDC staff manually dose the swimming pool water to ensure it is balanced and has the correct levels of pool chemicals.

Clothing and Bedding

An important factor in the quality of life for young people in detention is the provision of appropriate clothing and bedding. The expectation outlined in the inspection standards for clothing and bedding is that each young person is issued with clean clothing and bedding appropriate to the climate.

The inspection found that AYDC provides a very good level of clothing and bedding to young people in detention.

Clothing

Clothing packs, in various sizes, are stored in the admissions area and a pack in the correct size is provided to a young person on each new admission. All young people, both on remand and sentenced, are provided with the following clothing entitlements:

- track pants x l;
- windcheater x l;
- t-shirt x l;
- gender appropriate underwear; and
- socks.

Young people are only to wear clothing provided by AYDC with the exception of underwear and approved caps and hats and items purchased by residents through the behaviour incentive scheme. All other personal clothing, jewellery and other items are taken from the young person on admission and stored in the secure admissions property room.

Under the behaviour incentive scheme, residents may purchase modest items from Ebay through the Administration Office if permitted by the Centre Service Team. Generally, the young people purchase items such as branded hats, t-shirts and shoes. These items will either be stored in the young person's property box in the property room, or in some cases a young person will be allowed to be keep the purchases in their bedroom and wear the items during detention, subject to the permission of the Centre Service Team.

Clothing must be washed daily in the units and temporary replacements, if necessary, can be obtained from the unit store. The Stores Officer provides additional new socks and underwear items as required. Additional t-shirts, tracksuit tops and tracksuit pants can also be obtained from the unit clothing store. These clothing items may be new or good quality used items. The inspection team noted that all used clothing in the Stores area was in excellent condition.

The inspection found that clean, good quality clothing is easily accessible for all young people. There is no specific uniform for AYDC residents and the items, purchased by the Stores, are generally generic brand items from discount department stores. In addition, the Ashley School uniform is also provided to residents of school age. While wearing of the school uniform is optional, anecdotally it is popular and most residents who attend the school will wear one part of the uniform at least for most of the day.

* The Ashley School uniform (photo supplied by AYDC)

Any damaged clothing items are handed to the stores officer to arrange repair, if applicable, or replacement. Damaged or worn out shoes that require replacement are to be presented to the operations coordinator to approve the provision of a replacement pair.

* The clothing store at AYDC

Footwear

The young people at AYDC are also provided with sneakers, slippers and sandals, again purchased through Stores and generally from discount department stores. Shoes are not permitted to be worn inside the units, only slippers.

Mattresses

It is essential that bedding, especially mattresses, is clean and in a suitable condition to prevent the spread of disease.

The inspection found the bedding and mattresses at AYDC to be in very good condition. All mattresses at AYDC can be, and are, cleaned.

Most mattresses have a cotton cover (as pictured below) and there are a small number of mattresses that are waterproof to cater for residents who wet the bed.

* A standard cotton covered mattress and a mattress being aired in an unoccupied bedroom

Staff encourage residents to air mattresses to prevent them from getting damp. Mattresses in unoccupied bedrooms are stood up on end against the wall so that air can circulate around them.

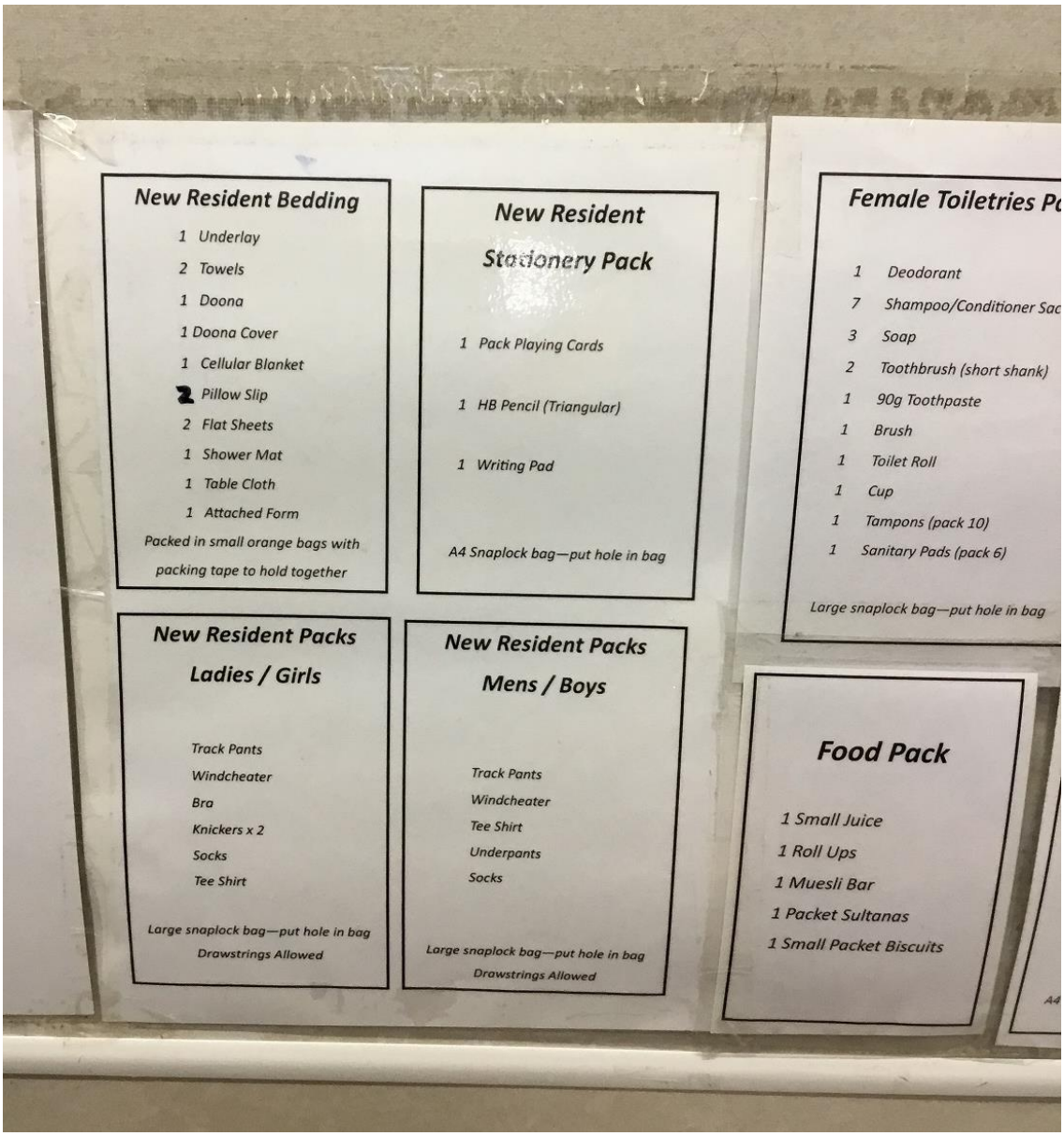
Mattresses and covers are replaced or cleaned after three months of use, unless they are replaced or cleaned sooner due to contamination or following the release of the young person.

The mattresses are cleaned off-site by a commercial laundry, with the process being managed by the Stores staff.

Bedding, linen and related items

The following items are supplied each time a young person is admitted to AYDC:

- doona x 1;
- doona cover x 1;
- flat sheets x 2;
- pillowslip x 2;
- cellular blanket x 1;
- underlay x 1;
- tablecloth x 1;
- towels x 2;
- shower mat x 1; and
- curtains.



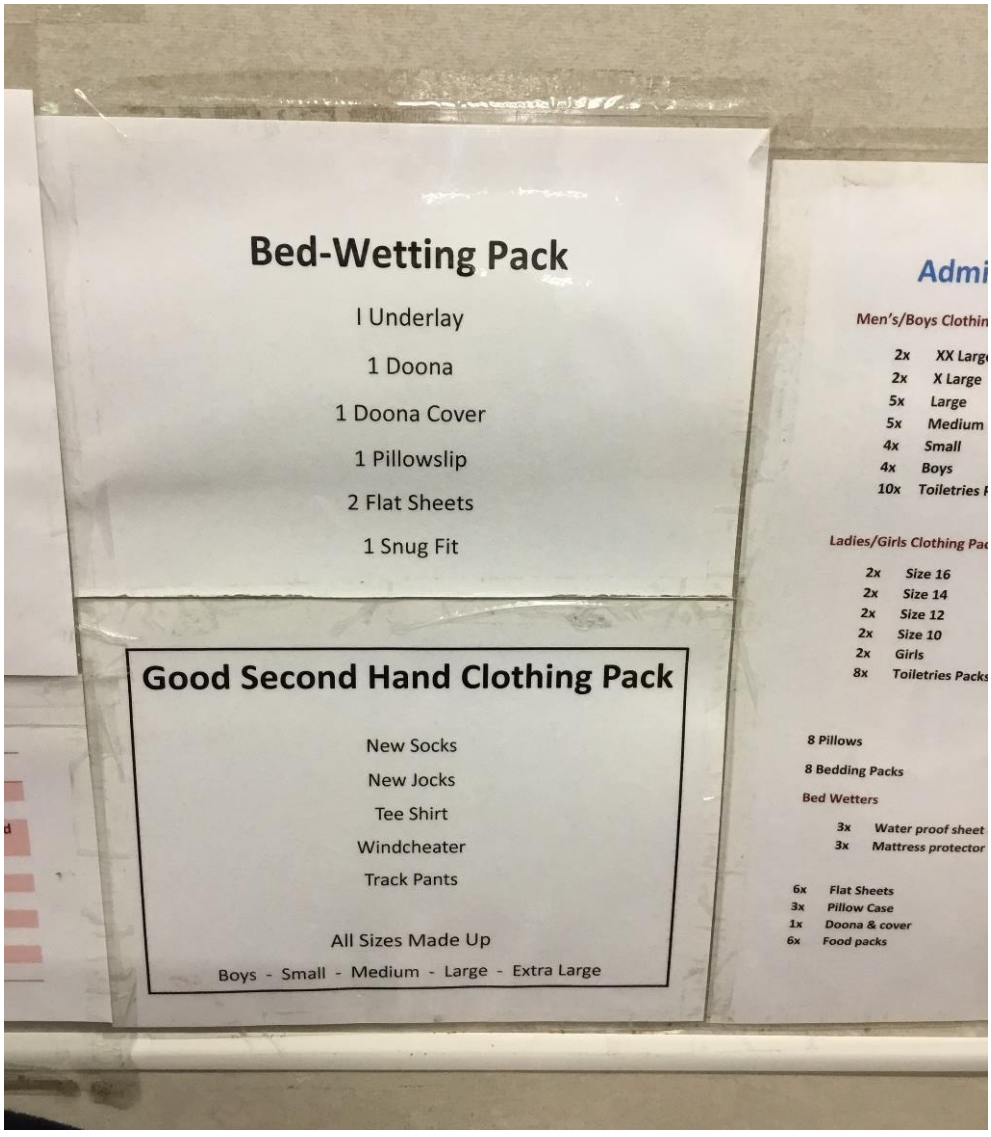
* List of contents to be included in new resident packs in the Stores at AYDC

AYDC Stores provides clean sheets and pillowslips to the units each Monday. The clean items are distributed by unit staff to young people once the used item is checked for damage.

Supervised by a youth worker, used sheets, pillowcases and doona covers are placed in a laundry bag by the young person to be washed offsite at a commercial laundry. When a doona requires cleaning, or when a young person is released from custody, the doona is sent to the offsite commercial laundry in the community. Stores can be contacted for a replacement doona and/or cover, as required.

In the event of unexpected contamination or other damage, extra linen sets are available in the Admissions Unit for use during weekends or after 3:00pm weekdays. If linen is required to be changed between 7:00am and 3:00pm weekdays, Stores are contacted for replacement items.

The residential units are supplied with 14 clean tea towels a week, two per day, and these are sent to the commercial laundry to be laundered weekly.



* The contents to be included in clothing and linen packs in the Stores at AYDC

Laundry

Stores is responsible for the onsite laundry services at AYDC. The inspection team was advised that the following items are laundered offsite at the commercial laundry:

- bed linen - pillow cases, sheets and doona covers are laundered weekly;
- tea towels - laundered weekly;
- underlays and pillows - laundered on an as needed basis, but generally every fortnight;
- chair covers, cushions and curtains – laundered as required; and
- soiled/contaminated linen (in a sealed bio-hazard bag) – laundered as required.

Each residential unit has its own washing machine and dryer and the residents wash their own clothes and underwear onsite. A laundry bag is provided to each young person to keep belongings together. The residents also launder their own towels and face washers on site on a daily basis so that they have a continual supply of clean items.

* A residential unit laundry

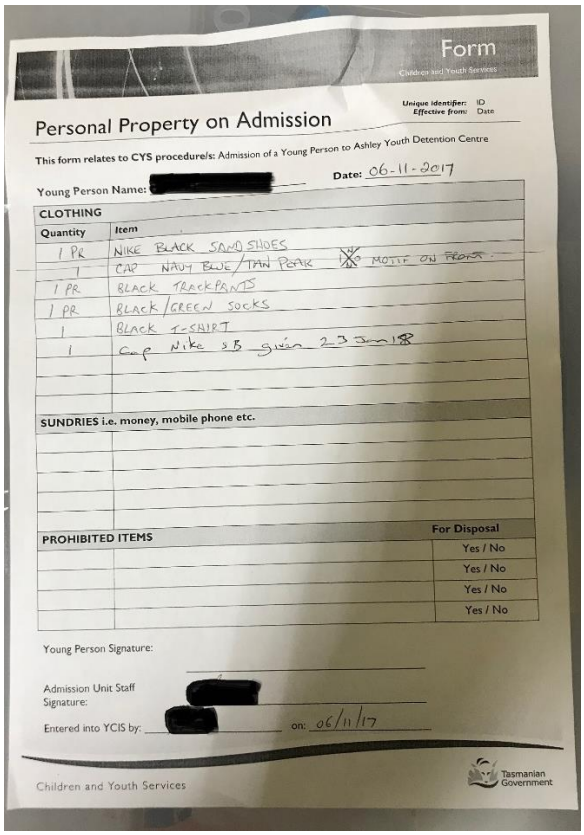
7.7 Property

Inspection Standard 9.12

The inspection standards relating to property require that young people's property is held securely in storage and recorded accurately, and that personal effects or property that is confiscated on admission is kept in safe custody.

On admission to AYDC, a young person's personal clothing, except for underwear and approved caps and hats, property and jewellery are signed in. This property is placed in a property box and securely located in a locked property room in the administration/admissions area[23] which is only accessible by limited staff.

AYDC uses an electronic system for itemising and recording a resident's property. The current process is that property signed-in is listed on a property sheet at the time of admission and then stored with the property in its plastic box. A record is also made in the electronic system. An admissions unit staff member signs the property sheet and there is a field on the sheet to be signed by the young person who owns the property. The inspection found, however, that this does not always occur and staff should be reminded of this requirement and ensure that the young person has signed the property sheet to verify agreement with the property listed. Should resident numbers expand in the future this may need to be reviewed and an electronic system implemented.



Form

Children and Youth Services

Personal Property on Admission

Unique identifier: ID
Effective from: Date

This form relates to CYS procedure/s: Admission of a Young Person to Ashley Youth Detention Centre

Young Person Name: [redacted] Date: 06-11-2017

CLOTHING

Quantity	Item
1 PR	NIKE BLACK SAND SHOES
1	CAP NAVY BLUE/TAN PEAK [redacted] MOTIF ON FRONT
1 PR	BLACK TRACKPANTS
1 PR	BLACK/GREEN SOCKS
1	BLACK T-SHIRT
1	Cap Nike SB given 23 Jun 18

SUNDRIES i.e. money, mobile phone etc.

PROHIBITED ITEMS	For Disposal
	Yes / No
	Yes / No
	Yes / No
	Yes / No

Young Person Signature:

Admission Unit Staff Signature: [redacted]

Entered into YCIS by: [redacted] on: 06/11/17

Children and Youth Services

Tasmanian Government

* A property sheet listing property signed-in by a young person on admission

[23] Referred to as the "admissions clothing room" on page 4 of the booklet titled *Ashley Youth Detention Centre Unit Rules (Revised and Amended Version 2012)*.

Recommendation 18:

Ensures that both an admissions unit staff member and the young person to whom the property belongs sign the property sheet listing signed-in property.

A young person may apply to access their own property stored in the property room. An application form is completed and presented to the Centre Service Team for discussion and determination. On release all acquired property is returned to the young person and AYDC provides assistance if required to deliver any large items made during detention. For example, one resident made a queen size bed which was delivered by AYDC staff to the young person's requested address.

Generally, young people at AYDC do not accumulate a great deal of property. The detention centre provides everything that a resident requires to adequately meet their needs. AYDC has a strict no gift policy, so young people do not receive gifts of food or other items from family and friends. Staff are also not permitted to bring in gifts or purchase items for residents. Stockpiling of canteen and toiletry items is not permitted. The amount of items a young person can store in their bedroom is not permitted to exceed their weekly canteen limit, again, based on colour category. Any items made during a program are taken to admissions and placed in the young person's personal property box.

The management of property kept in bedrooms is linked to the behaviour incentive scheme. This scheme is designed to encourage young people to set goals, make sound choices, demonstrate positive behaviour and actively participate in education and programs. There are different levels of 'category' within the scheme - red, orange, yellow, and green - and each category has different entitlements and benefits. For example, the type and amount of property that young people are allowed in their bedrooms is governed by the incentive scheme. For instance, a resident who is in the red category is very limited as to what they are allowed in their room and they are not permitted to have posters or an MP3 player. Reading and writing materials must be returned to youth workers by 10:00pm and residents are not permitted to keep craft or woodwork items in their rooms. In contrast, a resident that is in the green category is permitted to have posters, an MP3 player, reading and writing materials, and approved arts and craft items.

Young people at AYDC are able to acquire some property through the behaviour management scheme, as modest purchases are permitted according to the resident's category. As previously stated in the clothing section, residents may purchase modest items from Ebay through the Administration Office if permitted by the Centre Service Team. Generally, the young people purchase items such as hats, t-shirts and shoes. These items will either be stored in their property box in the property room, or in some cases a young person will be allowed to keep the purchases in their bedroom and use them during detention, subject to the permission of the Centre Service Team. Anecdotally, residents do not buy items such as CDs and PS4 games as these are provided at good levels by AYDC.

7.8 Canteen

Inspection Standard 9.13

AYDC operates a small canteen system that provides purchases to residents. There is no physical access to the canteen, rather purchasing of goods is managed via the use of a canteen form. This form is completed on a weekly basis by residents and processed by Stores staff.

Canteen forms are given to the residents each Monday to be returned to Stores by Wednesday. Generally, if required, the youth workers help the residents to fill out the forms and both the resident and youth worker sign the forms. Canteen is delivered to the units on a Friday afternoon by the operations co-ordinator.

Residents are not allowed to order from the canteen until after their induction and given their initial colour category under the behaviour incentive scheme. This is because the amount of money a resident can spend on canteen items is dependent on the young person's category. The total spend on canteen per week by colour category is: Red $2.80; Orange $5.50; Yellow $7.00; Green $9.00. In this way, the canteen operates as an incentive to encourage good behaviour and progression through the classification system.

There is a limited variety of food and other products, including hobby items and toiletries, available for residents to purchase. This is understandable given the large amount of food provided by the kitchen for meals and supper, in addition to the food available for consumption in the units. The items on the canteen are largely 'treat' type options such as lollies, chips, and chocolate, with some rice cakes and rice crackers. A copy of the canteen order form is at Appendix 2.

The range of healthy alternatives available through canteen is extremely limited and this should be expanded to provide some additional healthy food options such as foil or plastic tub based fish/grain combination snacks like salmon and tuna ready meals, tuna and rice salad, and microwave cups of brown and white rice.

AYDC staff advised the inspection team that they have trialled healthier options in the past but found that residents were not interested in purchasing these items. An example was also provided of a resident requesting diet coke, which was supplied, but the resident then continued to order the original high sugar coke. Despite these challenges, efforts should be continued to educate and encourage residents to make better nutritional choices, and this requires making available healthy food options for purchase.

Additionally, as discussed in the food and nutrition section at 7.4 above, AYDC should introduce a "traffic light" system to categorise foods and drinks on the canteen lists according to their nutritional value and levels of energy, saturated fat, fibre, sugar and salt.

Recommendation 19:

Provide additional healthy food options for purchase through the canteen.

Appendix 1 - Glossary of Terms and Acronyms

APD	Accredited Practising Dietician APDs are university qualified experts in nutrition and dietetics and are all members of the Dietitian's Association of Australia
CPHS	Correctional Primary Health Services, responsible for healthcare provision at custodial centres, including AYDC, throughout Tasmania
Detainee	For the purposes of this report, a reference to the term 'detainee' means young people that are lawfully detained in custody at AYDC and includes both those that are sentenced and remanded.
Doona	Doona is typically a brand name but in Tasmania the term is often used to refer to a quilt, eider-down and duvet type product. It has removable, washable cover thus eliminating the need for cover sheet and blankets.
Forensic mental health	'Forensic' means related to, or associated with, legal issues 'Forensic mental health' services provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those who are at risk of offending
Pharmacotherapy	'Pharmacotherapy' is the term used to describe the use of medication (such as methadone, buprenorphine) to assist in the treatment of opioid addiction
Resident	For the purposes of this report, a reference to the terms 'resident' includes young people who are remanded and detained in custody at AYDC
Schedule 8 drugs	Drugs and poisons which are substances and preparations for therapeutic use which have high potential for abuse and addiction listed in Schedule 8 (s8) to the *Poisons Standard October 2017* (Commonwealth)
Through-care	Through-care describes how custodial and community service systems must work together to ensure that continuity of care is preserved for young people during their time in detention and post-release
THS	Tasmania Health Service
CYS	Children and Youth Services, an operational unit of the Department of Communities Tasmania CYS manages AYDC

Appendix 2 – AYDC Canteen Order Form

Toiletries List

Supplied when required, at no cost							
8 ml Shampoo (2in1)		Standard Toilet Roll		Pack of 8 Tampons		Mug	
90 g Toothpaste		100 ml Deodorant		Pack of 14 Sanitary Pads		Dental floss available from Unit Office	
Safety Toothbrush		Hairbrush		Hair Bands		Razors available from Ops Co-ordinator	
35 g Bar of Soap							

Deodorant and toothpaste may only be ordered once a fortnight.

Item	Price	Number Requested	Amount Debited
Loofah	$2.69		
30 g Lip Gloss or Chap Stick	$3.99		
65 gm Shave Lather	$2.60		
85 gm Hair Wax	$5.76		
100g Dove Sensitive Skin Soap or Johnsons Baby Soap	$2.00		
500 ml Shower Gel	$3.50		
100 ml Body Lotion	$3.17		
100 ml Face Cream	$6.60		
110 gm Face Cleanser	$7.00		
400 ml Normal Balance Conditioner	$3.85		
400 ml Normal Balance Shampoo	$3.85		
Drink Bottle	$3.00		

Nom. Youth Worker Signature: _____ Resident's Signature: _____

Name……..Unit:…….Date……

Total spend on canteen per week:

Red: $2.80 - **Orange:** $5.50 - **Yellow**: $7.00 - **Green:** $9.00 * You can only buy 2 of each item from the section below

Item	Price $	Order	Received	Item	Price $	Order	Received
600ml Water	.60			***2 of each item from section below**			
Lemon & Lime Mineral Water	2.00			*Raspberry Shots	2.00		
Sparkling Mineral Water	.75			*Candy Coffee Shots	2.00		
*600ml Coke	2.80			*Jelly Beans	2.00		
Nippy flavour milk choc or iced coffee	1.70			*Tropical Mix	2.00		
Rice Cakes - Original	1.60						
Sakatar: Cheese Supreme - Sour Cream - BBQ (each)	.50						
Rice Cakes – Sweet Chilli - Sour Cream & Chives	2.70						
				*Dairy Milk Chocolate	1.42		
				*Freddo Frog	.50		
				*Doritos 45g	1.40		
				*Smiths –BBQ or S & V depends on availability 45g	1.40		

				***5 of each item from section below**			
				*Mentos: Rainbow - Fruit - Mint	1.10		

Stationery & Sundries

Item	**Price $**	**Order**	**Received**			**Totals**
Cards – Birthday - Sympathy - Get Well	1.00					
Christmas Cards	.20				**Subtotal : Canteen**	$
Coloured Pencils	2.00					
Sketch book	2.50					
Writing pad	.85				**Subtotal : Toiletries**	$
Pencil case	1.00					
Puzzle book	2.00				**Total of Canteen + Toiletries =**	$
Playing cards	2.50					
Pen	.45					
Pencil 4B 2H 2B 5B 6B	.50			**I have received my order**		
ALL CANTEEN ITEMS ARE SUBJECT TO AVAILABILITY						
				Young person sign to sign	X	
Head phones ***(withdrawal form needed)***	$2 $5 $7	These items need to be ordered through the Ops Coordinator		**Stockpiling of toiletries and canteen items is not permitted and quantities should not exceed canteen purchase limit.**		
Goggles ***(withdrawal form needed)***	$7.00					
MP3 with headphones ***(withdrawal form)***	$15.50					
Sunglasses ***(withdrawal form needed)***	$5 to $12					

Appendix 3 – Report from Mental Health Care Consultant

MENTAL HEALTH CARE INSPECTION

FINAL REPORT

Prepared for the Office of the Custodial Inspectorate

Tasmania, Australia

August 2018

JRPO Associates Pty Ltd

P.O. Box 1286

Greythorn 3104

Victoria Australia

Contents

Background

The Office of the Custodial Inspectorate in Tasmania organised an inspection of mental health services provided in prisons and the youth detention centre in Tasmania. The inspection was undertaken based on the knowledge that prisoners and youth justice detainees have disproportionately higher rates of mental illnesses than people in the community.

Prevalence and effects of mental illness in prisons and youth justice centres

As at 30 June 2017, the number of adult prisoners in Tasmania was 596 (94% male, 6% female).[24] These numbers have been growing since 2014 and the 2017 figures represent an increase in 5%, or 27 prisoners from 2016. There are a relatively small number of young offenders in detention in Tasmania at any particular time. In the 2015 and 2016 fiscal year, for example, there were only 9 children in youth detention (8 males, 1 female). The numbers fluctuate quite dramatically.

The prison population, both internationally and in Australia, has been found to have higher rates of mental illness than that of community populations (Butler et al., 2006; Prins, 2014; Trestman, Ford, Zhang, & Wiesbrock, 2007). The same holds true for children and adolescents, with even higher rates of mental illness than found in adult prisons (Colins, Vermeiren, Vreughenhil, VandenBrink, Doreleijers, & Broekaert, 2010; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002).

Mental illness in prisoners has also been found to be correlated to a number of adverse social and health outcomes for prisoners once released (Cutcher, Degenhardt, Alati, & Kinner, 2014). These include poorer physical and mental health, greater substance use, and an inequity in health service access. Given this, time spent in prison is an opportunity to treat mental illness to improve both the prisoners' and the community's outcomes. Unfortunately, numerous issues exist in prison mental health care, including; inadequate screening for mental health issues, lack of ongoing care for those who are more unwell, and lack of availability of health professionals (AIHW, 2015; Hayes, Senior, Fahy, & Shaw, 2014; Schilders & Ogloff, 2014). In terms of treatment effectiveness, only a small number of studies appear to exist, which makes conclusions into what works in prison mental health treatment difficult to make.

High prevalence mental disorders amongst the prison population include; anxiety, affective/mood disorders, self-harm (or self-harm thoughts), trauma, substance use disorders, personality disorders, intellectual disabilities/acquired brain injuries (ABIs) and psychosis (Butler, Indig, Allnutt, & Mamoon, 2011; Dias, Ware, Kinner, & Lennox, 2013; Prins, 2014). Butler et al. (2006) found that 80% of prisoners had a psychiatric illness compared to 31% of a community sample. The Australian Bureau of Statistics (ABS) has estimated that of the general Australian population aged 16-85, less than one fifth (17.6%) of males had symptoms of a mental disorder in the 12 months (ABS, 2007), yet of respondents who had ever been incarcerated (in gaol, prison or a correctional facility), twice this rate, or over two fifths (41.1%), reported symptoms of a mental disorder in the previous year. Similarly, in a study of New South Wales

[24] Australian Bureau of Statistics, Prisoners in Australia, 2017.

prisoners, 38.6% of males were found to have had a mental disorder (excluding substance use disorders) in the previous 12 months (Butler et al., 2011), and 52% had a recorded substance use disorder. A recent study of male prisoners at the point of reception in Victoria reported that 39% had a mental illness (excluding personality and substance use disorders) during their lifetime, and 19% were reported as having a current mental illness (Schilders & Ogloff, 2014).

The impact of mental health issues for prisoners is not restricted to only those who have had pre-existing mental illnesses, prior to their incarceration. Entry into prison can be a time of significant psychological distress. Nearly one third (29%) of male prison entrants were assessed as having high or very high levels of psychological distress (AIHW, 2015), and this distress appears to be increased for prisoners with more complex presentations Dias et al. (2013) reported high or very high distress in 23.7% of non-intellectually disabled prisoners, yet this increased to 30.1% in intellectually disabled prisoners. A systematic review by Walker et al. (2014), suggested that while mental health deteriorates on initial entry to prison, prisoners' mental health improved over time whilst incarcerated.

Apart from the distress experienced upon entry to prison, events which occur inside prison may be traumatic for prisoners. In a small sample of Australian prisoners who screened positive for Post-Traumatic Stress Disorder (PTSD) symptoms and a history of substance abuse, 43.3% reported having experienced trauma, such as being raped or sexually assaulted, receiving or witnessing a serious physical assault, or being tortured, within a prison setting (Sindicich et al., 2014).

Internationally, studies have found the same pattern of results; high rates of mental health issues among prison populations, with a comparatively higher prevalence than the general population (Prins, 2014; Trestman et al., 2007). Given the vulnerability of prisoners with a diagnosis of mental illness, and their increased risk of poor social and health outcomes after release (Cutcher et al., 2014), mental health care for prisoners is considered a priority. The design and delivery of mental health services in prisons is complex, due in part to the nature of the restrictive environments such services operate in. Security considerations and the mobile nature of prison populations can make the operation and evaluation of these services challenging. To date, there is a lack of research that evaluates the efficacy and effectiveness of mental health care services in prison settings.

Guidelines and Standards for Mental Health Care in Prisons

A range of guidelines and standards have been promulgated regarding the provision of mental health services in prisons and other facilities in which people are involuntarily detained (e.g., immigration detention facilities, forensic mental health hospitals). Such guidelines and standards come from the United Nations, the World Health Organisation, the National Commission on Correctional Health Care (USA), US Department of Homeland Security Office of the Inspector General, American Psychiatric Association, Home Office (UK), Australian Human Rights Commission, Australian Health Ministers' Advisory Council, Royal College of General Practitioners, and the Australian Psychological Society.

The international frameworks for best practice that guide the models of delivery of prisoner health services in Australia include the following:

- The Standard Minimum Rules For the Treatment of Prisoners (1955) from the Office of the High Commissioner for Human Rights outlines the basic rules regarding medical services, including having medical officers available, including those related to psychiatry, transferring sick prisoners who require specialist treatment to the appropriate facility and having dentists available (UN 1955).
- The United Nations' Basic Principles for the Treatment of Prisoners (1990) provides that prisoners must have health services available without discrimination based on their legal situation (UN 1990).
- The Principles for the protection of persons with mental illness and the improvement of mental health care (1991) outlines the basic details regarding the protection of people with mental health disorders and improving their condition. It includes, for example: the right to treatment following informed consent; that physical restraint or involuntary seclusion only be implemented in accordance with official procedures and when it is the only option; and that any patient admitted to any mental health facility should always be informed of their rights (UN 1991).
- Trenčín statement on prisons and mental health (2007) recognises the high proportion of prisoners with mental health problems. Key criteria include diverting such prisoners to psychiatric care where appropriate, having central policies that promote mental health and wellbeing, and providing general health care that is as equivalent as possible to that available in the community (WHO 2008).

Principles

The guidelines pertaining to the treatment of prisoners helpful in identifying minimum standards of health and mental health care. Five primary themes emerge across existing guidelines and standards:

1) Equivalence of care

   Prisoners should receive health care, including mental health care, equivalent to that available in the community, with regard to professional, ethical and technical standards. This principle underpins almost all of the relevant standards and guidelines.

2) Early assessment

   All prisoners should be assessed as soon as possible on admission to prisons to facilitate the identification and immediate management of mental health problems. This should be accompanied by appropriate treatment plans.

3) Treatment for mental illness

   Prisoners must have access to treatment for mental illness; resources and staffing should ensure that detainees receive timely access to high-quality mental health care.

4) Continuity of care

   Beyond early assessment, the guidelines note the importance of providing ongoing monitoring and care, as well as linking mental health services in prisons with those in the community.

5) Transfer to hospital

Mental health workers play a role in identifying and arranging for prisoners who require involuntary mental health care to be transferred to an appropriate authorised mental health facility.

Approaches to the Assessment and Management of Mental Illness in Prisons

Prison provides a public health opportunity to engage with a group of disengaged, socially deprived individuals who often present with significant mental health needs. Effectively addressing prisoners' mental health benefits individuals, prison staff and the wider community. Although there is an emerging consensus about necessary elements of mental health service provision for this group [Ogloff, 2002; Ford and Trestman 2005; RCP, 2015; APA, 2016], access to services remains poor [Sapers, 2015; Simpson et al, 2003; Senior et al., 2013; Hassan et al, 2012;]. Therefore, understanding of epidemiology and service need has not translated into effective service delivery in most jurisdictions internationally.

Academics and clinicians in Canada with international colleagues have led the development and testing of an evidence–based model of mental health care, STAIR. This model integrates the five core service requirements for mental health services (Screening, Triage, Assessment, Intervention and Reintegration) (Ogloff, Tien, Roesch, & Eaves, 1991).

Method and approach to the consultancy

The method and approach to the consultancy included seven elements aimed at addressing the topics required in the consultancy:

- Literature review

  A literature review and examination of international and national forensic mental health service models was undertaken.

- Consultations

  Consultations were undertaken with more than 80 individuals including mental health, justice (corrections and youth justice), and related backgrounds, as well as prisoners, in Tasmania. Most of the consultations were undertaken in Hobart with some in Launceston and Deloraine (See Appendix A).

- Data capture and mapping exercise

  Information was obtained from Tasmania corrections and health services. The information was used to map the services available in the prison and youth justice services. To the extent possible, data was obtained to provide an overview of the mental health services provided.

- Analysis of the information

  The data, literature review, and consultation information obtained were analysed and used by the project team to form the foundation of the considerations in this report.

Findings from the inspection

Overarching comments

The quality of care, dedication and commitment of health staff was uniformly high. Both Correctional Health Service (CHS) and Tasmania Prison Service (TPS) therapeutic staff were mature, well experienced and well suited to their roles. They expressed a genuine concern for the well-being of prisoners. This was also evident in the interactions with prisoners we observed during the inspection.

The following issues of concern were noted:-

- Services are understaffed.

  There is a relative lack of resources compared to services in other jurisdictions in Australia (that is, the ratio of mental health staff to detainees). Unfortunately no standards yet exist in Australia regarding the ratio of mental health staff to prisoners. In Tasmania there are unique pressures because of its relatively small prison population. As such there is not much 'critical mass'. Without services like those available in New South Wales and Victoria where dedicated in-custody accommodation is available to mentally ill prisoners, it is expected that resources would otherwise be increased. Although there is some variation in the research, it is well accepted that approximately 15% of prisoners in Australia have a serious mental illness for which they would require treatment. An additional 25% of prisons experience high prevalence (i.e., less serious) mental illnesses.[25] The rates among female prisoners are higher.

  There is capacity for 680 prisoners in Tasmania, with a prisoner count that varies. The vast majority of prisoners (about 550 men and 50 women) are located at the Risdon site. There has been a consistent growth in prisoner numbers in Tasmania over the past decade. For example, as at 30 June 2007,[26] there were 525 prisoners in Tasmania. By August 2018 the number had increased to 639, with considerable variation over time. This represents 21.7% increase over time.

  The Australian Institute of Health and Welfare (AIHW; 2014), has provided information regarding the number of full-time equivalent (FTE) health care staff in Australian prisons. The types of services offered within the prison system vary, such as whether secondary and tertiary care services are offered outside of the prison clinic. This complicates the collection of data; nonetheless, averages and ranges exist for most states and territories.

  Within prisons, most primary mental health services are managed by general practitioners and perhaps psychiatric nurses, as would be the case in the community. Often, psychologists also assist with managing prisoners with mental illnesses, which is again consistent with the community standard. Psychiatrists typically play a consultant

[25] See, for example, Schilders, M. & Ogloff, J. R. P. (2014). Review of point-of-reception mental health screening outcomes in an Australian Prison, Journal of Forensic Psychiatry and Psychology, 25, 4, 480 – 494.

[26] Prisoners in Australia 2017, Australian Bureau of Statistics.

psychiatric role, providing oversight of more serious cases and reviewing prisoners who have complex presentations or who are not benefitting from other care. AIHW data show

that, on average, there is 0.15 FTE (range 0.13-0.74) medical practitioner and 0.10 EFT of psychiatry time (range 0.07 to 0.37) for every 100 prisoners. There will be, on average, 3.61 (range 1.21-6.29) registered nurses and a smaller number pf psychologists (0.39; range 0.07-1.01). It is difficult to quantify psychology time, since psychologists often have a range of roles in prisons, including offender rehabilitation programs, in addition to the delivery of mental health care.

Table 1. Number of mental health professionals needed for the Tasmanian Prison Service (Risdon site)

Staff	**Prisons - Average FTE per 100 prisoners**	**Tasmania Correctional Health Service**	
		Expected*	Actual
Psychiatrists	0.1 FTE	0.6 FTE	Provided by FMH on an in-reach basis - 1 -2 sessions per week (0.1 -0.2 FTE)
Mental Health Nurses	3.61** FTE	21.6 FTE	1.0 FTE Mental Health Nurse Consultant; 1 MH Nurse is rostered 12 hours/day, 7 days per week. 1 Psychiatric Liaison Nurse is rostered on every shift.
Psychologists	0.37*** FTE	2.3 FTE	Provided by FMH on an in-reach basis – 1-2 sessions per wek (0.1 – 0.2 FTE)
Totals	4.1 FTE	24.6 FTE	Impossible to calculate but clearly below the expected rate

Note: *The expected number is for the Risdon site. The other locations have few prisoners, which makes it difficult to estimate required numbers. Generally, with smaller numbers, efficiencies are reduced and mental health staff number are increased. **this number includes all nurses, not only mental health nurses. ***this is the expected number of clinical psychologists, not psychologists doing other duties.

The expected numbers Dedicated psychiatry coverage, clinical psychology coverage, and mental health nursing are all under represented. Although many nurses are employed within the Correctional Health Service, there are very few mental health nurses working in the prison.

As noted, staffing numbers are difficult to estimate for the smaller prisons outside of the Risdon site but given the needs of prisoners, services must still be provided.

RECOMMENDATION 1:

Planning should commence immediately to meet the need for additional dedicated mental health professionals to work in the prisons. Service levels should be modelled on existing and anticipated demand, taking into consideration the developing national standards.

- Lack of mental health leadership in the prisons

  Although health staff members are dedicated, and endeavour to provide appropriate mental health services, there is a lack of leadership, strategic planning, and coordination of mental health services. As such, consideration should be given to establishing a leadership position to provide oversight of the mental health services, such as a Director of Mental Health Services.

  The provision of mental health services at the present time is fractured and lacks strategic direction. For example, while the CHS has primary responsibility for the mental health care of prisoners, service provision is shared, in an informal way, with both the Tasmanian Prison Service (via psychologists and counsellors in its employ), and the Forensic Mental Health Service (through the provision of in-reach services and hospitalisation of prisoners at the Wilfred Lopes Centre) playing a role. While it is beyond the scope of this review, consideration should be given in Tasmania about the extent to which the Forensic Mental Health Service plays a more formal role in the organisation and delivery of mental health services. While models vary across the country, it is necessary that mental health services be well-organised and that the role and responsibilities of the various agencies and clinicians involved are clear and accountable. At the time of the inspection, while some systems were certainly in place, many arrangements appeared ad hoc and personality based.

  In Victoria, a review of safety in the health system, *Targeting zero, the review of hospital safety and quality assurance* ("Duckett Review"), identified the need to support strong leadership in hospital governance with good clinical leaders. Recommendation 9 provided that Clinical leaders must be engaged to strengthen, direct and lead efforts to improve safety and quality of care. While the prison system is not a hospital, there are significant health, and indeed mental health needs, that are disproportionate to those in the community. Thus, clinical leadership is required to meet clinical governance and service delivery requirements.

RECOMMENDATION 2:

Consideration should be given to establishing a mental health leadership position for the prisons to provide oversight, strategic planning, and coordination of mental health services (e.g., Director of Mental Health Services). This position should work closely with the existing medical director of the Correctional Health Service.

- Service agreements need to be in place.

  At the time of the inspection, good relationships existed between the Forensic Mental Health Service and the Correctional Health Service, and an experienced consultant

psychiatrist from the Forensic Mental Health service provided services to prisons at the Risdon site. Although there is goodwill on the part of staff, clear service agreements with some flexibility need to be in place. Without formal service level agreements, the range and nature of services provided is dependent upon individuals, which may change over time. Given the close proximity of the Wilfred Lopes Centre to the Risdon Prison complex, broader considerations for the role that the Forensic Mental Health Service might play in the delivery of services should be entertained.

RECOMMENDATION 3:

TPS and CHS consider establishing a service agreement with the Forensic Mental Health Service for the provision of psychiatric services.

- Physical space

  It is the case that adequate quiet, safe, space is lacking in most of the prisons visited. Limited available space means that mental health staff compete with other health staff for adequate interview rooms that are quiet and conducive to mental health assessment and intervention. There is a perception among some mental health staff that priority is given to space for physical health. At the same time, space needs to be adequately designed for safety, with clear lines of sight and double egress capability.

RECOMMENDATION 4:

TPS should establish and identity dedicated spaces that are conducive for the provision of mental health care in the prisons.

- Workforce planning

  It was reported that it is sometimes difficult to recruit mental health staff, including mental health nurses. During discussions, it did not appear that there was a mental health workforce plan. For example, senior staff members could not readily identify how many members of the existing nurse workforce force are recognised mental health nurses. There is also an ageing workforce. At the time of the review, and for the foreseeable future, there is considerable demand for mental health nurses, clinical psychologists, psychiatrists, and other mental health professionals in Tasmania and around Australia. As such, forward planning is needed to help ensure that ongoing demands and needs are met now and into the future.

RECOMMENDATION 5:

Strategic planning for mental health services should include workforce development, professional development, and succession planning to ensure growth and stability of the workforce overtime.

General Observations:

There needs to be ongoing training and support for prison officers to understand and manage people with mental health issues. During the course of the inspection, the team had occasion to interact with many prison officers who raised ongoing concerns with their perceived limitations in working with prisoners with mental health issues, particularly those who also have challenging behaviour. While many can develop strong skills with on the job experience, a supportive approach to training and mentoring would be helpful. Moreover, some officers note that they feel considerable distress working with some of the prisoners with mental illness. It was also noted that some have difficulty understanding why some of the prisoners do not receive a higher level of mental health care.

RECOMMENDATION 6:

TPS should consider the training needs of prison officers to identify, communicate, and de-escalate prisoners with mental illnesses. Based on the prison officers' needs, a training package should be developed and delivered.

With respect to female prisoners with mental illness, there are significant risks because there are limited services which are gender sensitive and aimed at the psychiatric and psychological needs of women. This observation was consistently confirmed by groups of women prisoners at inspection. The inspection team also observed a female prisoner on watch in a unit that houses at risk men. While she was physically separate from the men, there was no evidence of gender sensitive practice and the environment was particularly inhospitable.

With respect to youth, the main observations are that there is limited dedicated psychiatry time and limited clinical psychology time. The psychiatrist, who is very skilled and experienced, comes from Victoria to provide services at AYDC and therefore there are very few links to local services to assist young people when they leave the centre. There is a need to establish a local psychiatrist who can be mentored into a role within youth justice. This role needs links with local services to help facilitate aftercare of young offenders.

RECOMMENDATION 7:

AYDC needs to increase the dedicated psychiatry time for young people in detention and link to external psychiatry services to assist young people upon release.

RECOMMENDATION 8:

AYDC needs to increase the dedicated clinical psychology time for young people in detention.

Consideration of existing mental health services in light of the STAIR Model:

As noted in the Background section, the STAIR Model integrates the five core service requirements that are well-accepted for prison mental health services: Screening, Triage,

Assessment, Intervention and Reintegration. The STAIR model will be employed below as a framework for the consideration of essential prison mental health services that are provided.

1. Screening

All incoming prisoners are screened for both health and mental health and this meets current practice requirements. Screening for mental health history and problems specifically is embedded in the broader health screen, however, and it has a relatively narrow focus. Moreover, no audit or quality evidence exists to determine how reliably or validly the form is completed. Best practice requires a more formalised mental health screening assessment. The mental health information covered in screening is limited (more limited than other Australian jurisdictions), and many of the nurses doing the screening are not mental health nurses. This is a challenging combination. This was raised at inspection and it was noted there was a degree of resistance to the suggestion that enhanced mental health screening is undertaken. There are validated mental health screens designed for use in prisons, such as the Jail Screening Assessment Tool (Nicholls, Roesch, Olley, Ogloff, & Hemphill, 2005) or the Brief Jail Mental Health Screen (Steadman, Scott, Osher, Agnese, & Robbins, 2005).

Where possible screening should be done by a qualified mental health professional. The combined screening downplays the focus on mental health and those without expertise in mental health can miss the nuanced presentation of some people with mental illnesses. Training for nursing generally does not focus much on mental health. People are screened to be triaged to determine who requires more immediate intervention. If an experienced mental health professional is not doing the screening, it is inefficient since there will be 'less comfort' in screening people out, and the time of psychiatrists or clinical psychologists will be spent doing work with prisoners who may not require it. Further, psychiatrists or clinical psychologists may have to spend more time with prisoners due to the lack of reliable mental health information that a mental health nurse could provide.

RECOMMENDATION 9:

CHS consider formalizing the mental health screening by using a dedicated and validated mental health screening form, and engaging qualified mental health nurses to conduct the mental health screening, separate to the general health screening assessment.[27]

It was unclear at inspection whether people entering and exiting prisons for purposes such as court attendance or transfer between facilities were 'repeat screened'. In such situations, a prisoner may experience a major setback and should be screened again.

2. Triage

Following screening, the goal is to triage people - that is, define the small number of people who require immediate psychiatric care. At both reception prisons in Tasmania, people are brought straight from the community and it is highly likely some will require immediate psychiatric care

[27] Note that dual trained nurses (physical health and mental health) could screen for both physical and mental health issues; although such nurses are understandably rare.

by hospitalisation or further assessment. When discussing this potential, health care staff said that most prisoners will be identified as being managed as 'business as usual.'

Some other jurisdictions in Australia, such as Victoria,[28] have identified a formal rating for people following the screen for triage. For example, in Victoria, the P ratings are defined as follows:

P1: "Serious psychiatric condition requiring intensive and/or immediate care."

P2: "Significant ongoing psychiatric condition requiring psychiatric treatment."

P3: "Stable psychiatric condition requiring continuing treatment or monitoring."

It is recognised that when first clinically assessed, particularly following the initial nursing reception screen, there may be grounds for concern that a serious psychiatric condition may exist but is not yet confirmed. In such instances further assessment is required, therefore a P1 rating may be allocated even though on subsequent review it may be determined that a serious psychiatric condition meeting the P1 definition does not exist and the patient's rating can therefore be downgraded.

It is also recognised that although the P rating definition denotes severity of an existing psychiatric condition and the appropriate intensity of care and treatment, its primary purpose, in practice, is to communicate to correctional authorities information about the required level of intensity of treatment can be delivered.

Screening and triage is certainly being done within the Tasmanian Prison Service; however, it appeared to be somewhat ad hoc and might depend to a considerable extent on the person doing the screening or assessment. The process should formalised, and it should not be dependent upon the goodwill and expertise of individual staff members. New staff need to be guided in decision making, so that if something goes untoward, they can be confident that they can, and did, manage a situation properly. At inspection, triage seemed idiosyncratic - either people are identified as needing care or not, there is no determination for anything more nuanced. The less process and substance of triage is formalised, the more it depends on the individual health practitioner. A systematic approach is required even where clinical staff feel that they know the prisoner well.

RECOMMENDATION 10:

CHS should review the process and content of their approach to triaging prisoners with mental illness, in order to move towards a more systemic and formalized approach.

3. Assessment

Once identified as requiring an assessment, the prisoner is referred for a psychiatric evaluation. For psychiatric assessments, most prisons use psychiatric registrars. Even so, psychiatric assessment is done under supervision of a registered psychiatrist. This is where a service level agreement is required. During the inspection we were provided with information that a consultant psychiatrist from the forensic mental health service did in-reach work into the prison on a limited basis. At the current time, this is defined as one to two sessions per week (where a session equals one-half day of work). The consultant psychiatrist who was providing in-reach service to the prison, and Correctional Health Service Staff members expressed the view that

[28] Commissioner's definitions and requirements for the application of P ratings. Corrections Victoria, Department of Justice and Regulation, Victoria.

additional psychiatry resources were required. There is also an opportunity to establish a psychiatric registrar position attached to the Risdon Prison Complex, both to grow the service but also to help develop a future workforce. Such arrangements require supervision and support.

Management and response to suicide and self-harm (SASH) issues is by means of the Risk Intervention Team (RIT) and High Risk Assessment Team (HRAT). RIT and HRAT were observed and appeared to be managed and operating quite well. HRAT meetings were well attended and the right staff were there (i.e., a blend of prison staff, health staff and TSU). The RIT (TSU team member, psychiatric nurse and prison supervisor) performed its duties well and had a good understanding of the prisoners to whom they were providing service. No significant issues have been identified with the work that they were performing. Some consideration needs to be given to role clarification of the TSU group. They have a senior psychologist, along with other psychology and counselling positions, but their duties extended beyond mental health and SASH work.

Not all prisoners seen by the HRAT have mental health issues but many do. It is important that CHS staff be at these meetings and this seems to be the case. Staff did an excellent job of reviewing the HRAT cases. As outlined in Recommendation 2, there should be opportunity for the prisoner to be seen privately by the mental health professional, if they wish or require. The HRAT meetings observed took place within the accommodation unit wherever there was space, never in a private room. The meeting involved the mental health professional speaking with the offender with one or two correctional officers standing close by. There were no questions about whether the offender would like to speak privately, where appropriate.

4. Intervention:

A range of interventions is required to meet the mental health needs of prisoners, including:

1. Psychiatric medication
2. Mental health nursing follow-up and monitoring
3. Psychological intervention (individual and group)
4. Unit-based intervention
5. Transfer to psychiatric hospital

Most of the mental health intervention provided in the prisons is by means of medication or loose or unstructured 'counselling'. There is a high reliance on medication, which is not dissimilar to most other prisons in Australia. There is less evidence, however, of intensive psychological interventions and this is most likely due to availability of staff (see Recommendation 1). It could also be attributed to confusion between the roles of health, mental health staff and the TSU staff members.

There did not appear to be any practice of defined group interventions for mental health in Tasmanian prisons. A range of appropriate group programs is available for prisoners with mental health problems including psycho education about their illness, medication etc. There may be an opportunity for some group programs assisting people with mental illness. For example, group based Adherence Therapy can assist prisoners in understanding the need for medication, complications with mixing prescribed medication and drugs, and can help increase medication compliance (Cavezza, Aurora, & Ogloff, 2013).

It appeared that the focus of mental health staff is on triage and seeing people for the purposes of administering medication rather than ongoing intervention. Over time, it would be very helpful if

the mental health staff could form a multidisciplinary team, with clear roles and expectations around the ongoing monitoring and care of prisoners with mental illnesses. This team structure should be a priority of the mental health clinical leader. For example, with the current separation of professionals who provide mental health services, issues arise about who has access to the medical files and what information is recorded in the files. This detracts from continuity of care and service delivery.

RECOMMENDATION 11:

The structure and role of mental health professionals should be given further consideration. The development of a multidisciplinary team with clear roles in the assessment, treatment, and monitoring of prisoners with mental illnesses is required.

It was unclear, based on the information available during the inspection, to what extent prisoners who required involuntary hospitalisation are accommodated in the Wilfred Lopes Centre for Forensic Mental Health, the state's secure forensic mental health unit. Generally speaking, Forensic Mental Health Services indicated that a prisoner with a mental illness or mental health issue who requires specialist mental health inpatient treatment could be hospitalised at the Wilfred Lopes Centre. However, it was noted that it was not always possible to accommodate all prisoners who required such services. This was confirmed by the Correctional Health Services, who noted that on occasion capacity does not allow for the transfer of a prisoner to the Wilfred Lopes Centre. The process for transfer of prisoners to Wilfred Lopes Centre needs to be formalised to address 'bed block' pressures. The collection of information and advocating over time for more resources will address bed block pressures.

As noted previously, the prisoner numbers in Tasmania continue to grow. The Wilfred Lopes Centre was opened in 2006 at a time when prisoner numbers were around 500. Indeed the planning for the Wilfred Lopes Centre occurred years earlier, when prisoner numbers were even lower. At the present time, prisoner numbers routinely exceed 600 and were as high as 639 in August 2018. This is a 21.7% increase in prisoners over time, with no increase in forensic mental health services or capacity at the Wilfred Lopes Centre.

At the time of preparing this report, an Expert Reference Group has been established for forensic mental health services across Australia. Part of the work entails benchmarking and establishing service standards and services levels for forensic mental health services. This information will be of assistance to the Tasmanian Forensic Mental Health Service to help establish the case for additional resources if required.

RECOMMENDATION 12:

TPS, CHS, and Forensic Mental Health Services, should work together to model service demand to help identify the nature and extent of mental health services and capacity required now, over the short term and longer term, to meet the needs of prisoners with mental illnesses.

Our observation of the Mersey Unit was that it is fairly stark and is really a mainstream unit. There is a need to consider the Mersey infrastructure from a therapeutic view. Over time, there will be a need for a properly staffed (i.e., adequate ratio and mix of mental health professionals) dedicated mental health unit conceived either as a step down unit for people returning from

Wilfred Lopes Centre or as a maintenance unit for managing people with mental health problems who do not require involuntary hospitalisation or the level of care provided at a secure forensic mental health facility. At the time of the inspection, some of the units within the Risdon Prison Complex were performing these functions; however these units are not staffed adequately or managed appropriately. At present, these units are managed and staffed by prison officers and clinical decisions do not prevail in this arrangement.

It was unclear whether prison staff working in the Mersey Unit are required to undertake mental health training.

The typical ratio is 8% of men experience psychosis. As such, it is expected a number of prisoners at the Risdon Prison Complex would require dedicated mental health care. The Mersey Unit was used to accommodate a range of prisoners include those with intellectual disabilities and protection prisoners. This situation confirms the need for a dedicated mental health unit and I consider even a small unit of this type would be beneficial.

RECOMMENDATION 13:

TPS and CHS undertake planning for a dedicated mental health unit within the prison to serve as a step down facility:-

- for prisoners returning from hospitalisation and
- to assist in managing and providing treatment to prisoners who require dedicated mental health care but do not meet the requirements for involuntary hospitalisation in a secure forensic mental health facility.

5. Reintegration

The aspiration is that because prisons are meant to be community facilities and most prisoners do not spend very long period of time in custody, it behoves the health service to provide prisoners with the mental health services they need for reintegration. Information received at inspection indicated that attempts at reintegration of prisoners with mental illnesses appeared to be fairly ad hoc.

The goal of reintegration is that people will be equipped with treatment and skills to assist their mental health recovery and reintegration back to community. The Mersey Unit does not do this in a systematic way. Rather, the focus of service seemed to be more on crisis and care. Once the prisoner is stabilised, there is no way of identifying and providing follow through services ('through care'). This is particularly so if the prisoner is accommodated in the mainstream prison population once stabilised. There is no mechanism to ensure that leading up to release mental health care planning as a bridge to the community occurs. Such planning is required to ensure that the person will to be able to smoothly transition to access appropriate mental health care upon release.

While it is the case that, as with other jurisdictions, there are limitations in Tasmania with resourcing, there is a need for a 'Community Integration Program' approach. It is essential for prisoners with serious mental illness, even if accommodated in mainstream prison units, to be identified and proactively connected to community mental health services when readying to leave prison. This appears to be lacking at the present time and was confirmed by staff from Forensic Mental Health Services. While adequate through care did appear to be provided in some

cases, there was no identified formal process around it and no feedback mechanism to identify a person requiring through care.

RECOMMENDATION 14:

TPS and CHS develop a community integration program to identify and bridge prisoners with mental illnesses to appropriate community mental health services when preparing for their release.

References

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Appendix A:
Biography – Professor James R. P. Ogloff AM

Jim Ogloff is a clinical and forensic psychologist who is also trained as a lawyer. He is a Fellow of the Canadian, American, and Australian psychological societies; as well as the International Association of Applied Psychologists. He has worked in clinical and forensic psychology in a variety of settings for more than 35 years. Professor Ogloff was appointed a Member of the Order of Australia (AM) in 2015 for significant service to education and to the law as a forensic psychologist, as an academic, researcher and practitioner.

He has extensive experience in forensic mental health services. He has provided consultancy services to all of the forensic mental health services in Australia, New Zealand, as well as many across North America, the United Kingdom, Europe, and Asia. He has developed or assisted in the development of many forensic mental health services. He has also conducted service reviews and evaluations throughout Australia and in many countries internationally. He was the first Director of Mental Health Services for British Columbia Corrections. He has worked as a consultant to the British Columbia Forensic Psychiatric Services Commission (1990-2001) and has been a director and now Executive Director of Psychological Services and Research at the Victorian Institute of Forensic Mental Health (Forensicare) since November 2001. Professor Ogloff also was a member of the Board of Directors for the Justice Health and Forensic Mental Health Network in New South Wales (2011-2015) and he is a Member of the Forensic Mental Health Board in Victoria.

He is the Past-President of the Australian and New Zealand Association of Psychiatry, Psychology and Law and a former Chair of the College of Forensic Psychologists of the Australian Psychological Society. He is a Past-President of the Canadian Psychological Association and a Past-President of the American Psychology-Law Society. Professor Ogloff has published 17 books more than 270 scholarly articles and book chapters. He is an Associate Editor of *Criminal Justice and Behavior*. He has served as Editor of the International Journal of Forensic Mental Health, as Associate Editor of Law and Human Behavior, and he is an International Editor of Behavioral Sciences and the Law. He has served on 11 other editorial boards. He is the recipient of the 2018 Distinguished Contributions to Law and Psychology from the American Psychology Law Society, the 2012 Donald Andrews Career Contributions Award for Criminal Justice Psychology from the Canadian Psychological Association and the 2009 Award for Distinguished Contributions in Forensic Psychology from the Australian Psychological Society.

Appendix B:
Organisations and Individuals Consulted as Part of the Review

Tasmanian Prison Service Management Group

- Ian Thomas, Anthony Rees, Andrew Gallagher, Helen Gardner

Correctional Health Services

- Dr. Chris Wake, Peter Cairns, Justin Knight, Fiona Montgomery, David Movric, Barry Nicholson,
- Nursing staff at the Hobart Reception Prison
- Janne Elkin and Launceston Reception Prison Nursing Staff

Tasmanian Prison Service Therapeutic Staff

- Jess McCormack, Helen Gardner, Kate Lennox, and Kylie Beard

Tasmanian Prison Service Staff

- John Franklin, Superintendent, Rison Prison
- Steve Gridley, Superintendent, MHWP
- Shaun Wheeler, Superintendent, Hobart Reception Prison
- John Pickering, Superintendent, Risdon Prison
- Geraldine Hayes, Superintendent, Launceston Reception Prison
- Michael Mione, Correctional Supervisor, Launceston Reception Prison
- Risk Intervention Team Assessments/Review team – Kate Lennox, David Noble, Peter Cairns, Monique Dykes, and TPS Custodial Supervisor
- Risk Intervention Team Meeting – with therapeutic staff and CPHS staff

Groups of Prisoners

- MHWP prisoners
- Medium Security Peer Council at Risdon Prison
- Correctional Health Inmate Consumer Group
- Launceston Reception Prison Wardsmen

Tasmania Forensic Mental Health Services

- Dr. Leila Kavanagh and Dr. Hadrian Ball
- Andrew Saint and Katrina Brooks, Court Liaison Officers

Office of the Commissioner for Children and Young People

- Mark Morrissey (CCYP), Annie McLean, and Isobel Crompton

Tasmanian Youth Justice Staff and Contractors

- Patrick Ryan, Centre Manager, Ashley Youth Detention Centre
- Ralph Beck; Dr. Teresa Flower, Psychiatrist; William Doudle, Psychologist; Dr. Elysia Cunningham, Psychologist

Appendix 4 - Department of Communities Tasmania Response to the Recommendations

Department of Communities Tasmania Comments

Communities Tasmania would like to make the following general comments:

- Communities Tasmania welcomes this inaugural report, acknowledging the important role external oversight plays in contributing to the improved care, wellbeing and rehabilitation of young people who have been detained.
- Young people in detention are among the most vulnerable people in our community. There is increasing evidence that their health needs are greater than adolescents in non-custodial settings. While we are working towards making sure young people don't end up in detention, when they do, we have an important intervention opportunity.
- Time in custody must be used to provide comprehensive health care to a population that is often beyond the reach of traditional health services. Unidentified and/or unmet physical, developmental, dental, psychosocial and mental health needs can all be assessed, and appropriate services delivered.
- The best health and wellbeing outcomes will be achieved for these young people when all parts of the service system work effectively together. The Custodial Inspector's Health and Wellbeing Report highlights just how many different services are involved in delivering quality health care.
- We are very pleased that the inspection overwhelmingly found that health services are being delivered to a high standard and that the grounds, facilities and programs at AYDC support improved health and wellbeing outcomes for young people.
- The inspection team also has a responsibility to identify those areas where improvements can be made. Children and Youth Services hasn't waited for this report to be released before making changes. In the 12 months since the inspections were carried out improvements have been made in several areas, as part of the continuous review of services and activities that occur at AYDC.
- Tangible and practical changes have been made; with the introduction of healthier food options, later evening meal times, vegetable gardens, cooking programs and physical activities all occurring while high sugar products have been removed. Preventative health measures have included making meningococcal immunisations available to all young people onsite.
- The report also highlights the important role custodial staff have in role modelling safe and healthy behaviour. Since the inspection, changes have been made to staff meal arrangements. Staff now have the same choices as the young people and are not able to request specific meals from the kitchen. Discussions are also occurring with onsite Health and Safety Representatives regarding use of the smoking shed.
- Communities Tasmania is committed to making sure young people in detention receive the medical, therapeutic and other supports they need to recover from trauma, be physically healthy and mentally well. Likewise, that they receive the education they need to make healthy lifestyle choices.

- The recommendations contained in this report will help inform procedures, practices and funding decisions that will contribute to improved health and wellbeing outcomes for young people in detention, or who have been released into the community.

Responses to Recommendations

Recommendation		Response/Acceptance Level
1.	AYDC develops a clear policy concerning consent to medical treatment for minors which provides guidance to staff to assist when assessing a young person's capacity to legally consent to medical procedures and treatment.	Supported This will be added to the Children and Youth Services workplan and prioritised alongside other policy imperatives.
2.	AYDC provides condoms and basic toiletries in the 'exit pack' provided to young people on release.	Supported in Part A backpack or bag is currently provided on exit for personal belongings. The provision of essentials, including toiletries, is dependent upon the type of living arrangements the young person is returning to. Education on safe sex is delivered onsite by various providers. It would not, however, be appropriate for AYDC to provide condoms to a 12-year-old resident on release.
3.	AYDC engages the services of an adolescent physician on a regular basis.	Supported in Principle While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This will need to be determined in collaboration with Department of Health (DoH) taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.
4.	AYDC engages the services of an Aboriginal health worker on a regular basis.	Supported in Principle AYDC is currently supported by the Tasmanian Aboriginal Centre, visiting Elders and the Circular Head Aboriginal Community. The federally funded Corner Stone Youth Services also provides a worker who attends AYDC with a specific focus on aboriginal residents. While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This will need to be determined in collaboration with Department of Health (DoH) taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.

Recommendation		Response/Acceptance Level
6.	AYDC considers introducing drug and alcohol testing where a young person appears affected by alcohol and/or other drugs, or there is some intelligence that indicates that a young person has been consuming alcohol or drugs, or has these items in their possession.	Supported in Principle Nursing staff do suggest and conduct some testing. Introduction of testing in response to suspected contraband will be considered in the review of the Personal Searches procedure. This will include consideration of the legal basis for directing a young person to submit to testing for controlled substances or alcohol. The review of the Personal Searches procedure will be added to the Planning and Program Support Unit's workplan and prioritised alongside other policy imperatives.
7.	AYDC increases the dedicated psychiatry time for young people in detention and links to external psychiatry services to assist young people upon release.	Supported in Principle While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This will need to be determined in collaboration with Department of Health (DoH) taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.
8.	AYDC increases the dedicated clinical psychology time for young people in detention.	Supported in Principle While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This will need to be determined in collaboration with Department of Health (DoH) taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.
9.	AYDC minimises the use of sweets, icy poles and other snack foods as incentives.	Supported - Existing Initiative Icy poles and other such snacks have been withdrawn from Units. Whilst it is acknowledged that some young people occasionally make poor food choices, they do have some insight into this. The availability and choice of food is frequently brought up for discussion at Resident Advisory Group meetings. One such meeting was the catalyst to reduce desserts to twice per week and provide healthier food options in the Units.

Recommendation		Response/Acceptance Level
10.	AYDC develops and implements a strategy to limit the amount of flavouring in the form of bottles of topping, milo or similar milk flavouring, icy poles and ice cream available to the units.	Supported - Existing Initiative Cordial was significantly reduced at Ashley as a health initiative and replaced with ingredients for making fruit smoothies. Icy poles have been withdrawn from Units.
11.	AYDC reduces the availability of less nutritious items in the units, offering instead items such as yoghurt, cheese, fruit, nuts, tuna, eggs, baked beans, wholegrain biscuits, and possibly precooked rice dishes in sachets.	Supported - Existing Initiative Healthier options have replaced unhealthy options and snacks are not automatically provided on request. Baked beans, bread and condiments are always available in the Units.
12.	AYDC introduces a "traffic light" system to categorise foods and drinks on the canteen lists according to their nutritional value and levels of energy, saturated fat, fibre, sugar and salt.	Supported in Part AYDC has made a lot of progress to ensure 'everyday foods' are nutritious and come from the five food groups. The canteen provides young people with the opportunity to purchase 'occasional foods'. These are foods that should only be consumed sometimes and in small quantities. As the report indicates, canteen is held once per week and the amount a young person can spend is limited by the 'colour' they are on in the Behaviour Development Scheme. Items available in the canteen are frequently discussed at Resident Advisory Group Meetings. This provides an opportunity to review products and deliver healthy eating messages. If the services of a dietician become available, the canteen selection will be formally reviewed, including consideration of the information provided about each item.
13.	AYDC considers moving dining back to a central area for evening meals so that kitchen staff could work on presentation to make the meals more visually appealing to encourage consumption and thus reduce wastage.	Supported in Part The reinstating of evening meals in the dining room during daylight savings hours, will be considered. Outside of daylight savings, there are safety and security issues, with the movement of residents in the dark. The kitchen is now open for longer to reduce the time between preparation and consumption of evening meals. This means fresher meals, leading to reduced wastage.
14.	AYDC recommences, and makes available to all residents, a cooking course, focussed on preparing wholesome food that is not excessively high in sugar and salt.	Supported - Existing Initiative The AYDC Program Co-ordinator has recently established weekly cooking classes at the School learning kitchen. Cooking and nutrition are discussed and followed. Additionally, AYDC's

Recommendation		Response/Acceptance Level
		vegetable gardens are now back in use, as a joint enterprise with the School.
15.	AYDC engages ongoing dietician services to support AYDC nutrition education initiatives, to provide education on the nutritional needs of young people to staff and residents, and to provide one-on-one counselling support to residents where needed.	Supported in Principle While there is in principle support for increased service levels, the implementation of this recommendation is subject to new funding being made available. Work will also need to occur to make sure the service mix and delivery model is the right one. This will need to be determined in collaboration with Department of Health (DoH) taking into account the range of reforms and initiatives already underway. These are detailed at the end of the recommendations.
16.	AYDC implements the recommendations contained in the student dietitian report *Identifying priority area for improvement to support healthy eating promotion within the Ashley Youth Detention Centre setting (2016)*, with the exception of complete removal of the less nutritious food options provided in the units.	Supported in Principle Following on from recommendation 15, if the services of a Dietician were secured, it would be appropriate for the incumbent to determine an overarching strategy for healthy eating at AYDC.
17.	While allergen management is covered by the food safety program, it should also include reference to the protocol for identifying young people with food allergies when first taken into custody.	Supported Food allergies and health needs, more broadly, are identified during Induction. Induction commences when the young person arrives at AYDC. The Induction procedure and food safety program will be amended to ensure that any allergies identified are reported to the kitchen. To address non-food allergies, AYDC has upgraded to a better washing detergent and is considering on-site laundering to remove health issues around dry-cleaning chemicals.
18.	AYDC ensures that both an admissions unit staff member and the young person to whom property belongs sign the property sheet listing signed-in property.	Supported - Existing Initiative The personal property on admission form supports signatures from both the young person and admission unit staff. This form is kept with the property and a copy on the residents' file. Information from the form is also entered into the Youth Custodial Information System. If gifts are received, for example Christmas and Birthdays, they are stored with personal property and the property list is amended. These forms are now subject to audits.

Recommendation	Response/Acceptance Level
19. AYDC provides additional healthy food options for purchase through the canteen.	Supported in Part Items on the canteen list are subject to occasional review. These reviews take into consideration the preferences of the young people on site, historical demand, shelf life, cost as well as those items freely available in the Units. If there is an expressed demand for a healthy item, that can be provided safely (no metal ring pulls), consideration will be given to making these freely available in the Units. The provision of baked beans is an example of this.

Model of Health Care - additional commentary on recommendations 3, 4, 7, 8 and 15

Recommendations 3, 4, 7, 8 and 15 relate to AYDC increasing the provision of health services. While there is in principle support for these recommendations they do pose some challenges. Some of these include access to appropriately qualified staff and economies of scale. AYDC has a very small and variable population which may not support a regular visitation schedule from specialist services. Further work is required to make sure the service mix and delivery model is the right one. This needs to be determined in collaboration with Department of Health (DoH).

There are a number of initiatives occurring across DoH, some of which will have a positive impact on young people entering and exiting the youth justice system.

- Population Health Services is leading the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016 – 2026 (CRF) Tasmanian Implementation Plan. The Mental Health, Alcohol and Drug Directorate and State-wide Mental Health Services are represented on the Implementation Working Group. Priority Area 3 of the Fifth National Mental Health and Suicide Prevention Plan notes a lack of knowledge, experience and tools amongst the general workforce to effectively treat severe mental illness in an Aboriginal and/or Torres Strait Islander cultural context and suggests that cultural competence should be considered a core clinical competence capability. Priority Area 4 of the Plan is to improve Aboriginal and Torres Strait Islander mental health and suicide prevention. To this end, implementation of the CRF in regional mental health service systems is a requirement of the Fifth National Mental Health and Suicide Prevention Plan Implementation Plan (Action10). Action 12.4 of the Fifth National Mental Health and Suicide Prevention Implementation Plan is to train all staff delivering mental health services to Aboriginal and Torres Strait Islander peoples, particularly those within forensic settings, in trauma-informed care that incorporates historical, cultural and contemporary experiences of trauma. The Mental Health, Alcohol and Drug Directorate will have a role in implementation of this action item into the future.
- The Reform Agenda for Alcohol and Drug Services in Tasmania was developed to ensure that all Tasmanians affected by alcohol, tobacco and other drugs use have timely access to

a seamless and integrated service system. A Consultation Draft, outlining proposed reform directions was recently released for public comment. It includes a reform direction for specific population groups including people in or leaving the justice system (Reform direction 5). Key Actions include: to work closely with Correctional Primary Health Services and the Department of Justice to better support people in or leaving the justice system. The final Reform Agenda will be the new plan to guide the planning, funding and delivery of publicly funded alcohol and other drug (AOD) services in Tasmania. It will assist the Department of Health, Tasmanian Health Service and Public Health Tasmania in the commissioning, funding and delivery of AOD services into the future.

- The Mental Health, Alcohol and Drug Directorate is leading a range of initiatives which will inform and direct the delivery of mental health and alcohol and drug services to people in custody, including youth people in detention. The Rethink Mental Health Better Mental Health and Wellbeing – A Long Term Plan for Mental Health in Tasmania 2015 – 2025 delivers on the Government's commitment to developing an integrated mental health system that provides support in the right place, at the right time and with clear signposts about where and how to get help. An action arising from the Plan is to work with Children and Youth Services to develop an early intervention approach for vulnerable children and young people.
- Connecting with People (CwP) is an internationally recognised, suicide and self-harm awareness and prevention training program which includes an integrative framework for suicide mitigation that draws from the evidence base for what is known to be effective. Discussions regarding a roll-out of CwP training to Children and Youth Services staff are occurring.
- Another action arising under *Rethink* is the implementation of Safewards in all acute Mental Health settings within Tasmania. Safewards is an evidence-based model that comprises 10 interventions which have been shown to be highly effective in reducing conflict and containment, and increasing a sense of safety and mutual support for staff and patients in mental health acute inpatient units.
- Following a presentation of the model to the AYDC management team early in 2018, it was agreed there was potential for the Safewards model to be adapted to the AYDC context and staff are now working to adapt the model to the custodial setting. With a vision to deliver custodial youth justice in a therapeutic environment, the Safewards model has been used to develop a practice model called "SafeCentres" for staff working in custodial youth justice settings. Staff at AYDC are being supported by MHADD to undertake this work. They receive support from the Safewards project officer and are included in the Community of Practice for Safewards practitioners.

Appendix 5 – Department of Health Response to the Recommendations

Correctional Health Services Comments

- Correctional Primary Health Services (CPHS) is the official title of the service. CPHS is a specialised stream within Statewide Mental Health Services (SMHS). CPHS sits alongside Forensic Mental Health Services (FMHS) and Alcohol and Drug Services within the Mental Health stream.

- General and primary health is provided to youth detainees at the Ashley Youth Detention Centre by CPHS.

- Care provided by CPHS consists of nursing services and, in the past, psychological services.

- Specialist psychiatric services are provided to youth detainees as an outreach service through the TAZREACH program. Outreach services are services provided to rural, regional, remote or very remote communities by services providers travelling to these locations from larger areas. The purpose of the services it to increase access to services in regions that would not normally have such access. TAZREACH services are funded by the Commonwealth Government and administered by the TAZREACH office of the Tasmanian Department of Health.

Response to Recommendation

Recommendation		Response/Acceptance Level
5.	CPHS introduces procedures so that the health record of a young person in detention at AYDC follows the young person if that young person enters a Tasmanian adult custodial centre.	Supported in Principle CPHS support this recommendation in principle as per the report.