

Statement of Barry NICHOLSON

RFS-TAS-100

Name: Barry NICHOLSON

Address:



Position: Group Director – Forensic Mental Health and Correctional Primary Health Services

STATES:

- a) This statement is made by me in response to RFS-TAS-100 ('RFS'), issued on 29 July 2022 by the President of the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (the Commission), the Honourable Marcia Neave AO.
- b) My name is Barry Nicholson, and I am the Group Director – Forensic Mental Health and Correctional Primary Health Services.

General

Q1. Describe what health services are provided to detainees at Ashley Youth Detention Centre and how these services are provided.

- 1. The health services provided to detainees at Ashley Youth Detention Centre are:
- 2. The Correctional Primary Health Service (CPHS) is a small team of nurses and doctors who deliver healthcare in each of the Tasmanian prison/detention centre locations: Risdon Prison in southern Tasmania; Ashley Youth Detention Centre (AYDC); Hobart Reception Prison; and Launceston Reception Prison.
- 3. CPHS provides health assessments, management of active health conditions, preventative health programs, drug and alcohol detoxification programs, medication management and pharmacotherapy, referrals for outpatient allied health services (optometry, dental, physiotherapy and forensic mental health).
- 4. CPHS works within the structure set by Communities Tasmania who are responsible for running AYDC.
- 5. Some of the services delivered by CPHS include:
 - i. An initial health assessment upon entry into prison to help CPHS determine the type of level of health care that may be required while in AYDC.
 - ii. Management of active health problems including review of medications, treatment of existing conditions, drug and alcohol issues and mental health assessments.

- iii. Preventative health programs, including sexual health education, drug and alcohol education, immunisation, lifestyle assessment and education.
 - iv. Care within the health centre includes drug and alcohol detoxification and relapse prevention, preoperative and post-operative care, management of injections, injuries and other conditions requiring low/medium level health care.
 - v. Outpatient allied health services referrals including forensic mental health, physiotherapy, dental and optometry.
6. CPHS (AYDC) nurse-led clinics are available seven days a week, 12 hours each day. Medical Officer in-person clinics are available weekly with a video link clinic available as required. Nurses are on-call service outside of onsite hours. Medical officers are available on-call 24 hours a day. Children and Youth Services (CYS) work closely with CPHS to ensure safe access to residents who would like to attend clinics or for administration of medication. Youth workers provide a vital link between young people and health staff.
 7. CPHS (AYDC) has a well-equipped medical treatment room and a portable emergency bag including a defibrillator and resuscitation apparatus. There is a small pharmacy on site which stores a nurse-initiated medications formulary and a range of commonly prescribed medicines as imprest stock.
 8. AYDC has monthly visits from a specialist child psychiatrist under Rural Health Outreach Fund (RHOF) which is funded by the Federal Government. The psychiatrist attends 1 day per month to assess, diagnose, treat and review young people. Referrals to community-based services to ensure continuity are also completed. Psychiatry is also available via telehealth as required.
 9. AYDC employs a Forensic psychologist full-time to address young people's criminogenic needs and provide therapy. Additionally, the psychologist undertakes risk assessments for suicide and self-harming ideation and provides education on prosocial attitudes and behaviour modification. Currently we have been unable to recruit to the psychologist's position, we are undertaking more recruitment at present (10/08/2022).
 10. More than 90% of those entering AYDC have drug and alcohol issues. This is most commonly marijuana, methamphetamine, and/or alcohol. The Alcohol and Drug Service (ADS) provides support, counselling and harm minimisation education for young people who wish to address this. AYDC nursing staff provide brief episodic interventions at every opportunity. Again, we have no ADS coverage due to shortages in Alcohol and Drug Services.
 11. Currently ADS attend AYDC once per fortnight to provide support and establish a rapport to enable a transfer of care into the community upon release. Specialist Aboriginal Alcohol and Drug counsellors attend the centre fortnightly but can attend more frequently if required.
 12. External specialist tests and diagnostic appointments with specialists are facilitated by CYS and CPHS (AYDC). This involves co-ordination with AYDC providing escort off site. When required an urgent referral can be made directly to the nearest emergency department by a nurse in consultation with the Medical Officer. For emergency and life-threatening situations, care is provided by CPHS (AYDC) and CYS staff under a Code Blue response. An injured or critically ill young person will be transported via Ambulance Tasmania to the nearest hospital Department of Emergency Medicine.

13. Oral health care is provided by Tasmanian Health Service, either Deloraine or Launceston, depending on complexity of treatment required or a private provider if urgent care is required. All young people have a dental check up every 12 months.
14. Optometry Services are provided by Eyelines Devonport or Launceston. All young people have an annual eyesight test. If required glasses are provided through the Education Department glasses scheme.
15. Physiotherapy health care is provided by Physiofit or the Launceston General Hospital.
16. Hearing tests are provided by the Tasmanian Hearing Centre. Screening hearing tests are completed onsite by nursing staff.
17. Family Planning Tasmania provides specialist support for young women's reproductive and sexual health. FPT also provide education about sexual health and wellbeing to all young people.
18. Young people speak with their youth worker at the AYDC to request appointments with healthcare staff.

Q2. Outline the organisational structure of the Department of Health Officials within Ashley Youth Detention Centre, including reporting lines as it was during the Relevant Period and currently.

19. I can only offer advice on the management of health within AYDC since 2011 when Forensic Health Services took over the provisioning of said services. See attachment of Organisational Charts (Attachments A, C and C).
20. Statewide Mental Health Services is an important service delivery arm of the Tasmanian Health Service within the Community, Mental Health and Wellbeing portfolio of services. It incorporates an integrated operational and clinical governance framework that supports the delivery of statewide services across six clinical specialty streams: (Attachment C)
 - i. Child and Adolescent Mental Health Services
 - ii. Adult Mental Health Services
 - iii. Older Persons Mental Health Services
 - iv. Forensic Mental Health Services
 - v. Alcohol and Drug Services
 - vi. Correctional Primary Health Services.
21. CPHS is under the management of the Group Director of Forensic Mental Health and CPHS.
22. Specific to the AYDC.
 - i. There is a Nurse Unit Manager responsible for the health services at AYDC
 - ii. Registered nurses at AYDC report to the Nurse Unit Manager

- iii. The Nurse Unit Manager reports to the Assistant Director of Nursing (ADON) for CPHS
- iv. The ADON reports to the Director of Nursing (DON) for Forensic Health Services
- v. The DON reports into the Group Director.
- vi. The Child Psychiatrist is funded by TasReach, clinical oversight is provided by the Clinical Director for Forensic Mental Health Services.
- vii. The Psychologist reports to the Manager, Community Forensic Mental Health Services.
- viii. Medical Officer is 0.2FTE and is managed by the Clinical Director for CPHS.
- ix. The Clinical oversight is maintained by the Clinical Director of CPHS for Primary Health and the Clinical Director for Forensic Mental Health Services for Mental Health.

Q3 Outline the roles and responsibilities of the Department of Health Officials at Ashley Youth Detention Centre, during the Relevant Period and currently including:

(a) the number of full-time equivalent Department of Health Officials working at or in relation to the Ashley Youth Detention Centre;

23. We have 3.5 FTE these are Registered Nurses working at AYDC. We should have 1.0 FTE Psychologist, but this is currently vacant. There is 0.2 Medical staff employed for AYDC. There are also Medical Officer's available on call after hours for use at AYDC. There is a Child Psychiatrist working with the clients at AYDC, this is not a DoH (Department of Health) employee, they are employed through the Commonwealth Government (TASREACH).

(b) the title of the Department of Health roles held at or in relation to the Ashley Youth Detention Centre;

- 24. Nurse Unit Manager
- 25. Registered Nurses
- 26. Medical Officer
- 27. Psychologist
- 28. Child Psychiatrist

(c) the names of the people in those roles;

- 29. Nurse Unit Manager – [REDACTED]
- 30. Registered Nurses – [REDACTED], [REDACTED], Vacant

31. Medical Officer – Dr [REDACTED]

32. Psychologist – Vacant

33. Child Psychiatrist – Dr [REDACTED]

(d) the responsibilities and purpose of each of those roles.

34. Please see attached Statements of Duties (Attachment I & J).

Q4. Currently, are any of the roles held by Department of Health Officials at or in relation to Ashley Youth Detention Centre vacant? If so:

(a) How long has the position been vacant?

35. 1 x Registered Nurse which we are currently recruiting for which has been vacant for 3 weeks.

36. There is a Psychology position that is vacant at the AYDC which has been vacant since November 2021.

(b) What steps has the Department of Health taken to ensure the vacancy has not interrupted the provision of health services to detainees?

37. Young people at AYDC continue to receive access to psychology. Between November 2021 and June 2022, psychology telehealth sessions were available for young people who wanted to access.

38. Alternative services have been access from private providers and there is a clinic 3 hours per week via telehealth.

(c) What steps has the Department of Health taken to recruit to this position?

39. The Department has attempted to recruit to the vacant position on five occasions, unsuccessfully. No applications were received.

40. As a result of the ongoing challenges with recruitment, in March 2022 the Service made the decision to change the Psychology input into a sessional timetable rather than being permanently based at AYDC.

41. Recruitment is underway and applications have been received and at this stage is looking promising. Discussions will be occurring in relation to how the employee will provide psychology into the AYDC.

(d) What are the barriers to recruiting to this position?

42. Negative publicity about AYDC, lower pay rates than mainland Australia, shortage of psychologists.

43. There is a shortage of Psychologists within Tasmania's public service, therefore competition to recruit can be challenging a lot of Psychologists choose to work privately.

(e) What do you think needs to be done to promote and retain staff to positions within Ashley Youth Detention Centre?

44. Clarity regarding the future of AYDC.

45. Clarity around how Psychology services will be delivered into AYDC.

Q5. Is there any Memorandum of Understanding or other agreement between the Department of Health and the Department of Communities which sets out how health services are to be provided to detainees at Ashley Youth Detention Centre and the roles and responsibilities of each department in relation to the health and wellbeing of detainees?

(a) If yes, please provide a copy of the Memorandum of Understanding or other agreement and provide a brief summary of your understanding of the Memorandum of Understanding or other agreement.

46. There has been an MoU between Children and Youth Services and AYDC since 2011 when CPHS took over the health care. The MoU was updated in 2022 and is at Attachment D

(b) If not, why not? Explain how each department is aware of their respective roles and responsibilities in relation to the health and wellbeing of detainees at Ashley Youth Detention Centre, and what your understanding is of the differences in roles and responsibilities of each department.

47. Not Applicable as an MOU does exist.

Q6. Are there any policies or procedures that are specific to Department of Health Officials who work at Ashley Youth Detention Centre, in relation to child safety, the safeguarding of children and managing paediatric health needs in a custodial setting? Please provide any such policies or procedures. Please also explain how these policies and procedures are applied in practice.

48. There are no Department of Health or Tasmanian Health Service specific policies or procedures in relation to child safety, the safeguarding of children and managing paediatric health needs in a custodial setting. A DoH framework and policy for safeguarding children is underdevelopment and the Department of Health Officials who work at Ashley Youth Detention Centre will be subject to this framework and policy. There are general policies and procedures that apply to quality and safety, mandatory reporting and working with vulnerable children checks in place for Department of Health officials.

Q7. Do Department of Health Officials at Ashley Youth Detention Centre receive any specific training in relation to working at a youth detention centre? Please provide details of any such training, including whether the training is mandatory and how often it is offered.

49. All positions require Working with Vulnerable People checks before commencement.

50. There are no specific training requirements. All Staff undergo initial training on Fire and Emergency management as per the MOU.

51. All positions require tertiary education.

Q8. Outline any procedures in place that ensure that a detainee's medical record follows them into the community or into a Tasmanian adult custodial centre.

52. Medical records are recorded electronically on Prison Health Pro (PHP) AYDC.

53. A nursing discharge summary and medication summary are given to the nominated persons that the client gives consent to the information to go to – (See Attachment E).

54. Notes from PHP AYDC are uploaded to adult PHP if transferred. CPHS health staff have access to AYDC PHP if they request it. CPHS AYDC can and do provide any information required to appropriate requests.

Responsibility for the health and wellbeing of detainees

Q9. Is the Department of Health, the Department of Communities or both responsible for the health and wellbeing of detainees at Ashley Youth Detention Centre? Explain your answer.

55. Both parties have a duty of care regarding the wellbeing of young people at AYDC.

56. CPHS provides primary level health care to young people and as part of any health service, an individual's wellbeing is part of providing healthcare.

Q10. With reference to any Memorandum of Understanding, agreement, policy, procedure or other document, are Ashley Youth Detention Centre Officials required to follow the advice and recommendations of Department of Health Officials in relation to the medical treatment of detainees? Why or why not?

57. Yes. Medical staff are employed for their medical opinion and advice.

58. All Medical / Nursing staff are accountable for their standards of practice in accordance with AHPRA registration.

59. All staff are bound by the State Service Code of Conduct (See attachment F)

Q11. With reference to any Memorandum of Understanding, agreement, policy, procedure, or other document, are Department of Health Officials required to follow the advice and recommendations of Ashley Youth Detention Officials in relation to the management of detainees? Why or why not?

60. The MOU sets out how both agencies will work together, and who has responsibility in which area.

61. CPHS and CYS operate in a climate of mutual co-operation, professional respect, and goodwill and in accordance with the required policies and procedures as set out in the MOU.

Q12. If there is a dispute between Department of Health Officials and Ashley Youth Detention Centre Officials about how a detainee's physical or mental health is to be treated, including the method of treatment or what health services are to be provided, how is this dispute resolved? Please confirm whether this is set out in any Memorandum of Understanding, agreement, policy, procedure or other document.

- 62. The MoU has a section in it regarding dispute resolutions which occurs at the Deputy Secretary level between the Deputy Secretary for Community, Mental Health and Wellbeing and Deputy Secretary, Children, Youth and Families.
- 63. If staff have a grievance within SMHS, they are advised to contact their immediate manager for resolution. If this is not achievable (dispute with said Manager) the process will move to the Manager above. Advice is sought from Human Resources at this point to guide the next steps.

Q13. Outline the process a Department of Health Official follows if they have concerns about the safety of children in Ashley Youth Detention Centre.

- 64. This would be dependent on the situation. Immediate safety then this would be an immediate notification to child safety services who would guide the process. Any concern about the safety of young people would be raised immediately with AYDCO. A meeting would be convened and a plan to manage this concern would be made. It would also be discussed at MDT
- 65. If the young person was at risk of self-harming and suicidal behaviour a mandatory notification in Ashley Incident Management system would be raised and the young person would be put on an increased level of observations, with referrals made to support services and the development of an individualised management plan.

Q14. In what circumstances would a Department of Health Official raise their concerns about the safety of detainees in Ashley Youth Detention Centre internally through the Department of Health? What does this process look like? Is it governed by any policies, procedures, or other documents?

- 66. In my opinion I would expect staff who are employed at AYDC to report any given concerns to their manager in line with their professional opinion and responsibilities.
- 67. I believe that staff who hold a Working with Vulnerable People card are mandatory reporters and as such would be required to report any incidents to the relevant authorities.

Q15. The Commission has seen evidence that suggests operational issues take precedence over the health, wellbeing and safety of detainees at Ashley Youth Detention Centre. What power, function or influence does the Department of Health have to ensure the health, wellbeing and safety of detainees is considered before operational issues?

- 68. The staff at AYDC are required to follow the outlined schedules within the MOU.
- 69. Staff have a duty of care to ensure the health and well-being and safety of detainees.

70. As outlined above I would expect DoH employees to act in accordance with their professional responsibilities and opinions to ensure the safety of clients above operational issues if required, as long as this does not provide a Health and Safety Risk to themselves, the client, or the staff of AYDC (for example, Fire and Emergency responses).

Secondments between the Department of Health and Ashley Youth Detention Centre

Q16. Please set out the process the Department of Health and Department of Communities follow in relation to secondments of Officials from the Department of Health to Ashley Youth Detention Centre, including:

71. All staff employed to work as health staff at AYDC are employees of the Dept. Of Health, they are not seconded into the Dept. Of Communities, as such their line management is through the Nurse Unit Manager and the broader governance framework of Correctional Primary Health Services. - See Org Chart (Attachments A and B).

(a) whether there is a policy, procedure, Memorandum of Understanding, agreement or any other document which governs such secondments. If so, please provide;

72. N/A - as above all staff are employed by DoH and therefore are not seconded.

(b) how the option of a secondment is raised (for example, whether this needs to be raised by the secondees' manager at the Department of Health);

73. N/A - as above all staff are employed by DoH and therefore are not seconded.

(c) who signs off on the secondment on behalf of the Department of Communities, Ashley Youth Detention Centre and the Department of Health;

74. N/A - as above all staff are employed by DoH and therefore are not seconded.

(d) whether the Department of Communities and Department of Health conduct any specific checks to determine whether the intended secondees are suitable for the role at Ashley Youth Detention Centre (including in relation to their experience, registration to work with vulnerable people status and any police checks);

- N/A - as above all staff are employed by DoH and therefore are not seconded.

75. All health staff are required to undergo a Working with Vulnerable People check before commencement and are subject to a conviction check before commencement.

(e) whether the secondees undergo an induction program and the nature of that program;

76. N/A - as above all staff are employed by DoH and therefore are not seconded.

(f) the training that is provided to the secondee in relation to Ashley Youth Detention Centre's policies and procedures and whether this is mandatory;

77. N/A - as above all staff are employed by DoH and therefore are not seconded.

(g) the training that is provided to the secondee in relation to the Department of Communities' policies and procedures and whether this is mandatory;

78. N/A - as above all staff are employed by DoH and therefore are not seconded.

(h) who the secondee reports to for the duration of the secondment; and

79. N/A - as above all staff are employed by DoH and therefore are not seconded.

(i) the mechanisms through which the secondee can raise concerns with both the Department of Communities and Department of Health.

80. N/A - as above all staff are employed by DoH and therefore are not seconded.

81. Concerns should be raised as outlined in the MOU and described above in response to Questions 12 and 13.

Secondment of James Griffin to Ashley Youth Detention Centre

Q17. Please set out the process the Department of Health and Department of Communities followed in relation to the secondment of James Griffin, including:

82. All staff employed to work as health staff at AYDC are employees of the Dept. Of Health, they are not seconded into the Dept. Of Communities, as such their line management is through the Nurse Unit Manager and the broader governance framework of Correctional Primary Health Services. - See Org Chart (Attachments A and B).

83. As such Mr Griffin would have been required to hold a Working with Vulnerable People Card and would have been subjected to a conviction check before commencement within the Dept. Of Health.

84. Mr Griffin was placed on a fixed term contract for employment at AYDC – 09/10/17 - 09/10/18, however Mr Griffin was released from contract to return to his substantive position due to the permanent filling of the position he occupied, this occurred 27/04/2018. (See attachments G & H)

(a) whether any policies, procedures, Memorandum of Understanding, agreement or other document referenced in paragraph 16(a) were followed in relation to his secondment;

85. N/A - as above all staff are employed by DoH and therefore are not seconded.

86. Mr Griffin was on a fixed term appointment to AYDC Health Centre.

(b) who raised the option of his secondment to Ashley Youth Detention Centre?

87. N/A - as above all staff are employed by DoH and therefore are not seconded.

88. I believe the Acting Nurse Unit Manager at the time recruited Mr Griffin on the temporary contact – that person was [REDACTED].

(c) who authorised his secondment on behalf of the Department of Communities, Ashley Youth Detention Centre and the Department of Health? Please provide all relevant documentation;

89. N/A - as above all staff are employed by DoH and therefore are not seconded.

90. DoH staff are appointed through the DoH recruitment process.

(d) whether the Department of Communities or Department of Health conducted any specific checks to determine whether Mr Griffin was suitable for the role at Ashley Youth Detention Centre (including in relation to his experience, registration to work with vulnerable people status and any police checks);

91. As outlined above all health staff are required to undertake a conviction check upon appointment and health staff at AYDC are required to hold a WWVP card. (See attachment I)

(e) whether Mr Griffin was provided with an induction program and the nature of that induction;

92. As stated above Mr Griffin would have been required to undertake the orientation regarding safety procedures within the AYDC environment.

(f) the training that was provided to Mr Griffin in relation to Ashley Youth Detention Centre's policies and procedures;

93. I cannot provide an answer to whether Mr Griffin was provided such training. I would assume that he would have been advised on safety processes relevant to the operation to AYDC.

(g) the training that was provided to Mr Griffin in relation to Department of Communities' policies and procedures; and

94. I cannot provide an answer to whether Mr Griffin was provided such training. I would assume that he would have been advised on safety processes relevant to the operation to AYDC.

(h) to whom Mr Griffin reported during his secondment.

95. Mr Griffin would have reported to the Nurse Unit Manager at the time – [REDACTED].

96. [REDACTED] vacated the role in first quarter 2018 and [REDACTED] became Nurse Unit Manager.

Q18. What dates did Mr Griffin work at Ashley Youth Detention Centre?

97. Mr Griffin was employed on a fixed term contract from 09/10/2017 - 09/10/2018

98. Mr Griffin contract was ceased on 27/04/2018.

Q19. Why did Mr Griffin's secondment cease early?

99. Mr Griffin's fixed term contract ended early because of the permanent appointment to the vacant RN role. (See attachments G & H)

Q20. Please set out any complaints made to, or concerns raised with, the Department of Health or Department of Communities regarding Mr Griffin during his secondment at Ashley Youth Detention Centre. Please provide relevant details, including in relation to the management of any such concerns and/or complaints by the Department of Health and Department of Communities.

100. I am not aware of any complaints or concerns that were raised with myself during Mr Griffin's employment within Correctional Primary Health Services.

Cohort of Children at Ashley Youth Detention Centre:

Q21. What information does the Department of Health collect about detainees in relation to whether a detainee has:

(i) a mental health condition;

(j) a disability (including cognitive difficulties); and/or

(k) childhood trauma.

101. When a young person is detained at AYDC, CPHS will undertake a Tier 1 health assessment upon their admission this includes a medical assessment and a nurse health assessment. These are broad and thorough assessments that obtains information from the young person about their health status. This can include information about their mental health, disability, childhood trauma.

102. Information is recorded in CPHS/AYDC Prison Health Pro system.

Q22. Are children who display one or more of these health issues overrepresented in the cohort of detainees at Ashley Youth Detention Centre?

103. Yes.

Q23. How does the Department of Health manage and treat detainees who display one or more of these health issues while they are detained at Ashley Youth Detention Centre?

104. CPHS provides a primary health care service at AYDC. CPHS provides health assessments, management of active health conditions, preventative health programs, drug and alcohol detoxification programs, medication management and pharmacotherapy, referrals for outpatient allied health services (optometry, dental, physiotherapy and forensic mental health).

105. CPHS assessment covers all healthcare needs, not just mental health, disability, and trauma. Health matters that can be appropriately managed by CPHS will be, where there are needs identified where referral is required, this is facilitated.

106. CPHS provides for the health needs of the individual.

Q24. How does the Department of Health ensure the needs of children with pre-existing medical conditions are met while the child is detained at Ashley Youth Detention Centre?

107. Any pre-existing medical needs would be picked up as part of the Tier one assessment undertaken by CPHS.

108. Appropriate treatment for these pre-existing conditions would be provided or arrangements made for treatment to be provided by external health care providers, such as the Launceston General Hospital.

Q25. To what extent do detainees at Ashley Youth Detention Centre display challenging or extreme behaviours? How does the Department of Health respond to and manage those behaviours?

109. CPHS does not.

110. CPHS provides primary health care for young people.

111. Dept. Of Communities manages the AYDC and therefore any presenting challenging behaviours.

Q26. Does the Department of Health offer education and/or advice on the sexual safety of children and/or the sexual health of children to detainees or Officials at Ashley Youth Detention Centre? If so, please give details. If not, why not?

112. It is my understanding that Health staff would provide education and or advice as an when required. It is not part of their mandatory role to provide this.

Clinical Practice at Ashley Youth Detention Centre

Q27. What role do Department of Health Officials have in the admission and induction process of detainees at Ashley Youth Detention Centre? Please outline the process of admission and induction as it relates to the role of the Department of Health Officials.

113. CPHS provides health care to young people. When a young person is admitted to AYDC they will have a Tier one health assessment by CPHS.

Q28. What do you see as the respective roles played by each of the following Ashley Youth Detention Centre Officials:

(a) the Professional Services team:

114. I am not aware of the role of this team; the Nurse Unit Manager would have knowledge of their role and function, and I would refer to their advice on the subject.

(b) The Health team;

115. In my opinion, these are the DoH employees within the AYDC Health Centre, who report to CPHS.

(c) *the Operations team; and*

116. I would assume that these are the staff and management of the AYDC, which is managed by the Dept. Of Communities.

(d) *Officials working in the Ashley Youth Detention Centre school.*

117. I am not aware of the role of this team; the Nurse Unit Manager would have knowledge of their role and function, and I would refer to their advice on the subject.

Q29. Did the roles and responsibilities of each of the teams listed in paragraph 28 change during the Relevant Period? If so please give details.

118. During the period that Forensic Health Services have provided health care into AYDC that being 2011 onwards, I do not believe the roles and responsibilities have altered. I can confirm that the roles of the health staff have not changed in this period.

Q30. During the Relevant Period what was the role of the Multi-Disciplinary Team (MDT) at Ashley Youth Detention Centre?

119. I am not part of the MDT team at AYDC, the Nurse Unit Manager I would expect to have a relevant role within the MDT.

120. It would be my understanding that the MDT holds discussions on the clients held within, and decisions are made regarding their appropriate treatment or management.

121. I would expect that Minutes of said meetings would be produced to accurately reflect these discussions held, and any actions noted. I am not on the distribution list for these minutes.

Q31. What is the role of Department of Health Officials, including the Clinical Psychologist and Nurses, on the MDT?

122. As I am not a part of the MDT, I cannot with authority answer what their role and function on the MDT would be.

123. However, my understanding of how said MDT's work is that health officials would provide advice and make recommendations on the care and treatment for the clients held within AYDC and their opinions should be noted as such.

Q32. With reference to any reports, emails, discussions or other communications with Department of Health Officials, please comment on:

(a) *the extent to which the opinions of Department of Health Officials are respected and followed by the MDT;*

124. As I am not a member of the AYDC MDT, I cannot pass comment on whether Health staff opinions are respected, however it would be my expectation that all members including health staff are treated with respect and professionalism regarding their contribution to the MDT processes.

125. I would expect any health member of staff to report any issues to their line manager as stated earlier in this response in line with guidance to staff around resolution of issues.

(b) the behaviour of other members on the MDT to Department of Health Officials;

126. As I am not a member of the AYDC MDT, I cannot pass comment on the behaviour of members on the MDT towards health staff.

127. However, as all staff in the State Service are required to abide the Code of Conduct, I would have an expectation that all staff are respected and treated accordingly.

(c) any concerns or complaints raised about how Department of Health Officials were being treated by other members on the MDT; and

128. I would expect any concerns and complaints to be acknowledged by the Nurse Unit Manager and / or their line manager, and the appropriate supportive steps to be taken to assist the staff members in question whilst the facts of the matter are being identified.

(d) any concerns about the role of the Department of Health Officials on the MDT.

129. I would expect any concerns and complaints to be forwarded to the Nurse Unit Manager and / or their line manager, and the appropriate supportive steps to be taken to assist the staff members in question whilst the facts of the matter are being identified.

Q33. Do you consider that the MDT operated in an effective manner?

130. As I am not a member of the MDT for AYDC I cannot pass comment on its effectiveness.

Q34. During the Relevant Period, what was the role of the Centre Support Team (CST) at Ashley Youth Detention Centre?

131. I am not aware of the role or function of the CST.

Q35. What is the role of Department of Health Officials, including the Clinical Psychologist and Nurses, on the CST?

132. As I am not aware of the role of the CST, again I cannot with authority answer if Health staff are on the CST or have any part to play within the CST.

133. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

Q36. With reference to any reports, emails, discussions or other communications with Department of Health Officials, please comment on:

(a) the extent to which the opinions of Department of Health Officials are respected and

followed by the CST;

134. As stated above in this document, I cannot comment on whether the opinions are respected by the CST as I am not aware of the CST.

135. However, as also stated in this document, I would expect that any opinions given by Health Staff in relation to their professional opinion on clients would be respected as such.

136. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

(b) the behaviour of other members on the CST to Department of Health Officials;

137. As stated above in this document, I cannot comment on the behaviour towards health staff by the CST as I am not aware of the CST.

138. However, as stated in this document, I would expect Health staff to be treated with respect as we are all bound by the State Service Code of Conduct.

139. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

(c) any concerns or complaints raised about how Department of Health Officials were being treated by other members on the CST; and

140. As stated above in this document, I cannot comment on any complaints raised as I am not aware of the CST.

141. However, if complaints were raised I would expect that these would be forwarded to the Nurse Unit Manager and / or their line manager, and support would be offered to any staff member as required, while investigations into complaints were made. These supports would include Employee Assistance Program and line management support.

142. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

(d) Any concerns about the role of Department of Health Officials on the CST.

143. As stated above, I am not aware of Health staff members involvement in the CST.

144. However, if Health staff are members of the CST I would expect any concerns to be raised with the Nurse Unit Manager / relevant line manager.

145. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

Q37. Do you consider that the CST operated in an effective manner?

146. I am unable to comment on the effectiveness of the CST as I am not aware of their role or function.

Q38. During the Relevant Period, what was the role of the Risk Assessment Process Team (RAPT)?

147. The Risk Assessment Process Team assesses young people and their risk of Suicide and Self Harming Behaviours (SASH).

Q39. What is the role of Department of Health Officials, including the Clinical Psychologist and Nurses, on the RAPT?

148. It is my understanding that Health staff oversee the RAPT meetings with representation from AYDC staff who accompany the young person to assess the risk of harm.

149. I would have a reasonable expectation that a management plan would be produced by this team, to guide the care and management of the detainee.

Q40. With reference to any reports, emails, discussion or other communications with Department of Health Officials, please comment on:

(a) the extent to which the opinions of Department of Health Officials opinion are respected and followed by the RAPT;

150. The RAPT is there to produce a health assessment and as such I would expect all opinions to be considered and respected.

151. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

(b) the behaviour of other members on the RAPT to Department of Health Officials;

152. As stated above the RAPT is to produce a health assessment on risk and as such I would expect the behaviours of all staff to be in line with the expectation outlined in the State Service Code of Conduct.

153. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

(c) any concerns or complaints raised about how Department of Health Officials were being treated by other members on the RAPT; and

154. As stated above in this document, there is an expectation that staff members would abide by the State Service Code of Conduct and be respectful at all times.

155. However, if complaints were raised would expect that these would be forwarded to the Nurse Unit Manager / relevant line manager and support would be offered to any staff member as required, while investigations into complaints were made.

156. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

(d) any concerns about the role of Department of Health Officials on the RAPT.

157. As the RAPT is to my knowledge a Health driven team I am not aware of any concerns regarding health officials.

158. I am aware of the documents provided to myself in regard to the Commission's Inquiry as documented in Annexure F

Q41. Do you consider that the RAPT operated in an effective manner?

159. I am unable to comment on whether the RAPT operated in an efficient manner, however, if there were any issues, I would expect the Nurse Unit Manager to manage any issues that arose.

Q42. If there is a conflict of opinion between Department of Health Officials and other members on the respective MDT, CST and/or RAPT, whose opinion takes precedence and why? Please provide any relevant documentation.

160. There is an MOU that guides roles and responsibilities in regard to AYDC.

161. Precedence would be set by the situation. For example, operational matters are subject to AYDC control and Health matters to CPHS staff.

162. However, I would expect the Health and Safety of Young Persons to take precedence above all other matters.

Q43. If a Department of Health Official believes a decision has been made at the MDT, CST or RAPT (respectively) that will result in a risk of harm to a detainee or detainees:

(a) What steps can the Department of Health Official take to escalate their concern within the Department of Health or Department of Communities? Explain your answer.

163. There are clear escalation processes in place for DoH staff in which staff can raise matters of concern to their line managers and above. These include processes as set out in the Clinical Governance Framework through Clinical Governance Committees and Quality, Safety and Risk Committee.

(b) What steps can the Department of Health take to ensure the decision is reconsidered or reversed by the MDT, CST and/or RAPT? Explain your answer.

164. As above in response to Question 43(a).

Q44. The Commission understands that the Clinical Psychologist at Ashley Youth Detention Centre is a member of the MDT and RAPT. In the event the Clinical Psychologist is on leave or the position is vacant, who (if anyone) from the Department of Health sits on these teams? Explain your answer.

165. If a member of staff is on leave it is standard practice to attempt to cover that leave from within the existing compliment of staffing.

166. If a staff member is away on extended leave, it may be appropriate to advertise a short-term contract to fill the position on a temporary basis.

Q45. Describe the relationship between Operations Officials and Professional Services Officials at Ashley Youth Detention Centre. Did this relationship change over the Relevant Period? If yes, please explain how and why.

167. I am unable to comment on the relationship as stated as I have no knowledge of it.

Q46. Describe the relationship between Operations Officials and Department of Health Officials at Ashley Youth Detention Centre. Did this relationship change over the Relevant Period? If yes, please explain how and why.

168. Forensic Health Services took over the Health management of AYDC in 2011, the relationship has not changed since that time.

169. The relationship has always been professional and one of mutual respect in my opinion.

Q47. Describe the relationship between Department of Health Officials and Professional Services Officials at Ashley Youth Detention Centre. Did this relationship change over the Relevant Period? If yes, please explain how and why.

170. Forensic Health Services took over the Health management of AYDC in 2011, the relationship has not changed since that time.

171. The relationship has always been professional and one of mutual respect in my opinion.

Q48. Describe the relationship between Professional Services Officials and senior management at Ashley Youth Detention Centre. Did this relationship change over the Relevant Period? If yes, please explain how and why.

172. I am unable to comment on this relationship as I have no knowledge of any issues between any staff teams within AYDC.

Q49. Describe the relationship between the Officials based at Ashley Youth Detention Centre and management at Department of Communities. Did this relationship change over the Relevant Period? If yes, please explain how and why.

173. To the best of my knowledge there have been no changes in the relationships since CPHS involvement in 2011.

Q50. What was the 'AYDC Model of Care'?

174. I believe you may be talking about the original Model of Care for AYDC, therefore, DoH would not have been involved in the creation of this document due to Forensic Health Services only taking over the health side of things in 2011.

(a) What role did the Department of Health have in its establishment?

175. As stated above DoH would not have been involved in the creation of the original Model of Care for AYDC.

(b) Does the Department of Health consider it was fully and appropriately implemented?

176. I cannot pass comment on whether the original model of care for AYDC was fully implemented as we only took over the health component in 2011.

(c) To the extent that it was not fully or appropriately implemented, what does the Department of Health consider to be the reasons for that?

177. As stated above I am unable to comment on whether the original model of care was fully implemented or not.

Q51. What if any training does the Department of Health provide to Ashley Youth Detention Centre Officials in relation to therapeutic practices? Explain your answer.

178. The Dept. Of Health does not provide any training to AYDC officials, it does not form part of the DoH responsibility.

Q52. What reflections does the Department of Health have in relation to the ability to share information with and between the various teams working at Ashley Youth Detention Centre?

(a) What if any limitations exist in relation to sharing information with other teams to ensure the health, wellbeing and safety of detainees?

179. Information is only shared when required after discussion with the treatment team and would only be shared in the interest of client safety. This is determined by the health care professionals.

(b) What if any recommendations would the Department of Health offer to improve information sharing between teams?

180. We have no recommendations at this point.

Nurses at Ashley Youth Detention Centre:

Q53. Outline the staffing arrangements of nurses onsite at Ashley Youth Detention Centre, including how many nurses are onsite, the hours they are onsite and where they are located.

181. There is one nurse at AYDC 12 hours a day, 7 days a week (7am – 7pm). Outside of those hours, there is a nurse on-call.

182. The Nurse Unit Manager is located at AYDC 0.5FTE.

Q54. Describe the ways in which a detainee may seek medical assistance from a nurse, including who notifies the nurse and where a detainee is treated.

183. Young people can seek medical assistance through their youth worker, the youth worker would phone the health centre to make an appointment, these are always accommodated.

Q55. What happens in circumstances where the nurse determines that the detainee needs to receive medical treatment outside the nurse's capabilities? What referrals are made and how quickly are they actioned?

184. External specialist tests and diagnostic appointments with specialists are facilitated by CYS and CPHS (AYDC). This involves co-ordination with AYDC providing escort off site. When required an urgent referral can be made directly to the nearest emergency department by a nurse in consultation with the Medical Officer. For emergency and life-threatening situations care is provided by CPHS (AYDC) and CYS staff under a Code Blue response. An injured or critically ill young person will be transported via Ambulance Tasmania to the nearest hospital Department of Emergency Medicine.

- i. Oral health care is provided by Tasmanian Health Service, Oral Health Services at the appropriate service
- ii. Optometry Services are provided by Eyelines Devonport or Launceston
- iii. Physiotherapy health care is provided by Physiofit or the Launceston General Hospital.
- iv. Hearing tests are provided by the Tasmanian Hearing Centre
- v. Family Planning Tasmania provides specialist support for young women's reproductive and sexual health.

185. The urgency of a referral is determined of the assessed level of need of the young person.

Q56. In the event a nurse believes a detainee has sustained non-accidental bruises or injuries, what is the process for a nurse to:

(a) report and escalate their concerns within the Department of Health;

186. Staff would report to line manager, process a Safety report through the Safety Reporting Learning System (SRLS) and inform Child Safety Services.

(b) report and escalate their concerns to Ashley Youth Detention Centre Officials;

187. Staff would report to AYDC management, process a Safety report through SRLS and inform Child Safety Services.

(c) report and escalate their concerns to other Department of Communities Officials,

188. Staff would report to AYDC management, process a Safety report through SRLS and inform Child Safety Services.

(d) report the circumstances to Child Safety Services;

189. Advice Referral Line (ARL) via phone or email.

(e) report the circumstances to Tasmania Police; and

190. Staff would phone the Police and file a report.

(f) ensure the health, safety and wellbeing of the detainee.

191. Health staff have a duty of care to ensure the health and well-being of young persons in our care.

Q57. What (if any) barriers exist in the processes outlined in your answer to paragraph 56, to ensure the matter is appropriately reported, investigated and responded to?

192. I am not aware of any barriers to prevent correct reporting procedures.

Q58. Do you believe any of the processes outlined in your answer to paragraph 56 need to be changed or improved? Why or why not?

193. I am not aware of any changes that are currently required; however, Quality Improvement is ongoing, and I would expect any changes to assist to be made in the future.

Q59. The Commission is aware of occasions where detainees have advised Ashley Youth Detention Centre Officials they have medical concerns or issues, but the Ashley Youth Detention Centre Official has not taken the detainee to see the nurse.

(a) Are you aware of any occasions where detainees have not been taken to see the nurse when experiencing medical concerns or issues? Please provide details.

194. I am not aware of any occasions.

(b) In what circumstances (if any) would it be appropriate for a nurse not to be called if a detainee has a medical concern or issue?

195. There is no occasion where a nurse should not be called if there was a medical concern or issue.

(c) In circumstances where detainees are not being taken to the nurse when they have medical concerns or issues, do you see this as a concern? Why or why not?

196. Yes, for the above reasons.

(d) What would need to change at Ashley Youth Detention Centre to ensure that detainees are not prevented from accessing the nurse when they have medical concerns or issues?

197. If there are barriers preventing young persons from accessing health services, I would strongly suggest that processes would require reviewing to ensure that clients have access as and when required as outlined above. This review should be undertaken by an independent and external source and recommendations implemented.

Q60. The Coronial Findings in the Death of Craig Sullivan (Annexure D: TDCT.0004.0028.0285) were made in 2013. It appears from the facts of that case that there were a number of communication break

downs in the process of providing medical treatment to Craig. Reflecting on this matter now, please outline what improvements were made to the provision of medical services at Ashley Youth Detention Centre after these findings, including but not limited to:

- (a) appropriate and timely notifications to health services;*
- (b) communication with patients about their symptoms, particularly those with disabilities;*
- (c) collating all relevant information about detainees' health for assessment;*
- (d) record keeping; and*
- (e) following up referrals.*

198. Immediately following the death of Craig Sullivan, the Chief Health Officer undertook a clinical assessment of policy and protocols for the provision of health services. The report made a series of recommendations, all of which were implemented by November 2013. This included the transfer for Ashley Health Service to Forensic Health Services, increased nursing capacity, the establishment of a healthcare information system to store and share all client information in one place, the refurbishment of the Ashley Health Centre with new clinical equipment and the establishment of a pharmacy service.

Clinical Psychologist

Q61. Outline the mental health services provided by the Department of Health at Ashley Youth Detention Centre, during the Relevant Period and currently.

199. There are a range of mental health supports available for young people. General mental health support can be provided by Correctional Primary Health Services (CPHS) at the primary health level. Should CPHS determine that a young person could benefit from additional support, this can be arranged – medical, psychiatry or psychology.

Q62. The Commission is aware that the Clinical Psychologist position is currently vacant and has been since on or around 10 November 2021. What steps has the Department of Health taken to ensure continuity of care for detainees whilst this position remains vacant?

200. Despite the vacant position, arrangements have been made to ensure young people continue to receive psychology services. There are psychology services via telehealth and onsite sessions also held.

Q63. Do you believe the measures currently in place (during this vacancy) are sufficient for the proper care of children who need psychological services? Why or why not?

201. While the position remains vacant it presents challenges to the service, however as outlined above, we have made efforts to ensure that psychology services have been made available through both personal Telehealth sessions and through block booking arrangements onsite for anyone at AYDC to access.

Q64. Is this position likely to be filled in the future or made redundant? Explain your answer.

202. The vacant psychology position is currently being recruited to, interviews were held on 10/08/2022, we are hopeful of successfully recruiting to the vacant position.

Q65. In October 2018, the Custodial Inspector published his report titled 'Inspection of Ashley Youth Detention Centre in Tasmania, 2017: Health and Wellbeing Report' (see Annexure E: TDCT.0002.0012.0014). The Inspector recommended that Ashley Youth Detention Centre increase the dedicated psychiatry time for young people in detention and links to external psychiatry services to assist young people upon release and increase the dedicated psychology time for young people in detention,

(a) To what extent was this recommendation accepted and implemented?

203. We support this recommendation; we currently have a child Psychiatrist employed through TasReach to provide psychiatric services into AYDC. As stated above we provide psychology into AYDC also.

204. On release, the Child Psychiatrist will make referrals to Psychiatric, Psychology and Paediatric Services as required to ensure that the young person's welfare is being treated as well as possible.

(b) Outline any difficulties in implementation these recommendation.

205. Recruitment and retention of staff is a difficulty that the health service faces.

Concerns raised by Clinical Psychologist in 2019

Q66. The Commission is aware that, in late 2019, Clinical Psychologist [REDACTED] raised concerns with her manager about two detainees who were displaying harmful sexual behaviours. In particular she was concerned about how Ashley Youth Detention Centre Officials were managing the two detainees' behaviours, including but not limited to:

- (a) Ashley Youth Detention Centre Officials minimizing the nature and seriousness of the behaviours displayed by these detainees;*
- (b) the lack of consultation and adherence to the decisions and recommendations made by the CST and the MDT;*
- (c) the placement of vulnerable children in the Franklin Unit, putting them at risk of harm by these two detainees;*
- (d) the physical assault by the two detainees against another detainee; and*
- (e) the use of isolation and restrictive practices by Ashley Youth Detention Centre Officials after an incident on 13 December 2019.*

206. I have read the documentation provided.

Q67. The following questions relate to how these concerns raised by [REDACTED] were managed by Department of Health Officials and should be answered after reviewing documents in Annexure F:

DCT.0004.0007.7648, DCT.0004.0019.5796, DCT.0004.0019.5808, DCT.0004.0019.5813 and DCT.0004.0019.5799.

(a) *With reference to any relevant process or procedure how should [REDACTED]'s concerns have been responded to by Department of Health Officials?*

207. I would expect [REDACTED]'s concerns to be managed in the same way any complaint / issue is managed and a Safety Reporting Learning System (SRLS) notification should have been inputted to allow internal escalation of the complaint.

208. Upon notification of any issue/complaint we typically seek Human Resource (HR) advice and guidance on the best course of action to take.

209. Upon notification of any issue/ complaint that a staff member raises we would offer the Employee Assistance Program as a confidential resource to that employee.

210. I believe that the steps that [REDACTED] took, were reasonable and appropriate given the level of concern that she had regarding the risk of harm that the behaviours that two of the centres long term residents posed and how this was being managed.

211. She noted that she had consulted her direct line managers regarding her concerns and that she had their full support and guidance.

(b) *Having regard to the contents of the documents in **Annexure F** and any other documents in the possession of the Department of Health, were [REDACTED]'s concerns appropriately managed and responded to by Department of Health Officials? Why or why not?*

212. It is my opinion that after reading the documentation provided, that we as an organisation did not offer robust enough support to [REDACTED] to support her needs as an employee of the service, but also, we did not offer enough support to her claims raised with the Dept. Of Communities to ensure the management and safety of the clients noted ensuring that the best outcomes were achieved.

(c) *What if anything should or could have been done better to address [REDACTED]'s concerns?*

213. As outlined above, greater support should have been supplied to [REDACTED].

214. If a SRLS had been completed, we would have called a Complex Case review as required by the incident reporting system processes. This would have included the Management of Forensic Health Services, Senior Clinicians including the Head of Department, the Statewide Medical Director and the Clinical Executive Director and we could have sought the advice of the Chief Psychiatrist to assist in the management of this review.

(d) *Do you consider the response by the Department of Health in these circumstances was child focussed? Please give reasons for your answer.*

215. I believe that there were steps taken to provide advice and guidance for example from the Head of Department, Human Resources Advisor and the Line Manager, however, I do not necessarily believe that the steps taken were sufficient to address the health and safety needs of the children involved.

(e) *Department of Health Officials refer to health staff being 'guests' within the prison system (refer to DCT.0004.0019.5813 and DCT.0004.0019.5808):*

- i. *Is this a correct characterisation of the role played by clinical psychologists and other Department of Health Officials in Ashley Youth Detention Centre? Why or why not?*

216. No this is not a correct characterisation of the relationship Health has with the Dept. Of Communities. As stated in the MOU both agencies seek to work together in an agreed manner based on mutual respect as set out in the roles and responsibilities.

- ii. *To the extent that it is a correct characterisation, what does it mean? How does the 'guest' role affect the way in which Department of Health Officials are able to exercise their professional obligations towards children in Ashley Youth Detention Centre?*

217. As outlined above the Health service is not a guest of Communities.

- iii. *To the extent that it is not a correct characterisation, why would Department of Health Officials refer to themselves in this way? Does it reflect a view that Department of Health Officials should not raise issues which are sensitive or critical of Ashley Youth Detention Centre Officials? Please give reasons for your answer.*

218. I am not able to answer why a member of staff would refer to themselves in this way. As stated in the MOU both agencies seek to work together in an agreed manner based on mutual respect as set out in the roles and responsibilities.

Child sexual abuse:

Q68. During, the Relevant Period did any Department of Health Official observe or become aware of any rumours, suspicions or allegations of child sexual abuse? If yes, please provide detail.

219. Other than the allegations outlined by [REDACTED], I am not aware of any other rumour, suspicions or allegations of child sexual abuse.

Q69. Would it be an expectation of the Department of Health that a Department of Health Official would be notified of any allegation that child sexual abuse had occurred at Ashley Youth Detention Centre? Why or why not?

220. I believe that it would be an expectation that a DoH official would be notified.

221. As reporting is a mandatory requirement, I would expect once the mandatory report was filed, health care would be sought for any distress or injuries to the child, this would be provided by a health official.

Q70. In the event a Department of Health Official becomes aware of any rumour, suspicion or allegation of child sexual abuse, what steps would the Official take, or processes would the Official follow to:

- (a) notify Child Safety Services;
- (b) notify Tasmania Police;
- (c) escalate the matter within Department of Health;
- (d) ensure the safety of the victim and offer support to the victim;
- (e) ensure the safety of other detainees; and
- (f) report the allegation to Department of Communities.

222. I would expect all of the above actions to occur in the same way I responded to question 56.

Q71. Would the steps taken in answer to paragraph 70(a)-(f) be followed in any particular order? Why or why not?

223. I would expect the following order to be followed.

- i. ensure the safety of the victim and offer support to the victim
- ii. ensure the safety of other detainees
- iii. report the allegation to Department of Communities
- iv. notify Child Safety Services
- v. notify Tasmania Police
- vi. escalate the matter within Department of Health

Q72. Identify any barriers a Department of Health Official may face when attempting to take steps or follow process outlined in your answer to paragraph 70(a)-(f).

224. I am not aware of any barriers.

Harmful sexual behaviours:

Q73. During the Relevant Period, did any Department of Health Official observe or become aware of any rumours, suspicions or allegations of detainees displaying harmful sexual behaviours at Ashley Youth Detention Centre? If yes, please provide detail.

225. Other than the allegations from [REDACTED], I am not aware of any other rumours, suspicions or allegations.

Q74. Would it be an expectation of the Department of Health, that a Department of Health Official would be notified of any allegation that a detainee was displaying harmful sexual behaviours at Ashley Youth Detention Centre? Why or why not?

226. I would expect a health official to be notified so that they are able to carry out the necessary steps to ensure the safety and well being of the individual and to assist in the updating of the individuals care management plan.

227. As set out in the answer to question 75 we would follow the process outlined.

Q75. In the event a Department of Health Official becomes aware of any rumour, suspicion or allegation of a detainee displaying harmful sexual behaviours, what steps would the Official take to ensure:

- (a) the detainee is receiving appropriate treatment and their behaviours are being appropriately managed;*
- (b) the victim is receiving support and appropriate treatment;*
- (c) the victim is safe from further harm; and*
- (d) the risk of harm to other detainees is reduced.*

228. We would ensure the immediate safety of the child.

229. We would arrange specialist tests / treatment if required.

230. If we became aware of any rumours, suspicions or allegations we would immediately contact Sexual Support Services.

231. We would provide appropriate psychological support for all children involved.

232. Dependant on the evidence to hand, we would notify the Police.

233. We would inform Child Safety Services as per ARL.

234. As per the MOU child behaviour is the responsibility of the Dept. of Communities.

Q76. Identify any barriers a Department of Health Official may face when attempting to implement the steps as outlined in paragraph 75(a)-(d).

235. There would be no barriers. Dept. of Health officials would put the safety of the children first.

Q77. What role (if any) does the Department of Health have in preparing or advising on residential care plans for detainees who have displayed harmful sexual behaviours?

236. Under normal circumstances the Psychologist (recruitment ongoing) would have input into the preparation of residential care plans for detainees. Nursing staff would also offer opinions based on nursing assessment and care plan recommendations.

Q78. In relation to a detainee displaying harmful sexual behaviours, in what circumstances would a Department of Health Official:

- (a) notify Child Safety Services;*

237. Mandatory notification that is required. Would be completed via ARL
(b) notify Tasmania Police;
238. Police would be notified and report filed with collated evidence.
(c) report the allegation to the Department of Communities; and
239. Dept. of Communities would be informed of any allegation, rumour or suspicion. And the action DoH officials have taken.
(d) escalate the matter within the Department of Health.
240. The DoH official would lodge an SRLS, which would initiate a response. You would also reasonably expect the official to liaise with their line manager, senior management and Quality and Safety staff of Statewide Mental Health Services.

Mandatory Reporting

Q79. If not already answered in response to earlier paragraphs, what is the process of making a mandatory report to the ARL, the police and the Registrar in relation to suspicions or allegations of child sexual abuse or harmful sexual behaviours? In your response please identify how this process works in practice, including:

- (a) What if any approvals are needed before the report is made?*
241. There are no approvals required to file a report.
(b) Who decides whether to grant these approvals?
242. As above no approval is required.
(c) Who is responsible for making this report?
243. Any person required to undertake mandatory reporting – staff who hold WWVP cards are mandatory reporters.
(d) Do Department of Health Officials make their own notification even if Ashley Youth Detention Centre Officials have also made a report? Why or why not?
244. I would expect a DoH official to file their own report.
(e) Are there any Memoranda of Understanding, protocols or other formal or informal processes that exist between the Department of Health and Department of Communities in relation to making these reports?
245. There is no MOU or otherwise.

Improvements

Q80. What (if anything) would you recommend needs to be changed either in the Department of Health or Department of Communities or both, to ensure the safety of children from sexual abuse while detained at Ashley Youth Detention Centre?

246. I would expect that any findings and recommendations this commission publishes would be incorporated into the running of the centre.

247. I will seek to ensure that the MOU is updated to include the provisions regarding Mandatory Reporting.

Sources of information for this statement

Q81. Have you refreshed your memory for the purposes of this statement by reviewing any documents or other records or by speaking to any other person (other than any lawyer assisting you with the statement)? If yes, provide:

(a) details of each person you spoke to and the matters you discussed; and

248. [REDACTED] – Initial discussions and ongoing discussions regarding the notice, offer of support pre and post hearing.

249. [REDACTED] – Senior Consultant, Initial discussion regarding the notice.

250. [REDACTED] – Principal Policy Officer, Initial discussion regarding the notice.

251. [REDACTED] – Line Manager – informing manager of notice.

252. [REDACTED] – A/Director of Nursing – informing of the notice.

253. Joe Acker – Acting Deputy Secretary – Offer of support in regard to the notice.

254. [REDACTED] – Nurse Unit Manager – Background information provided to assist with statement.

255. [REDACTED] – Executive Support Officer – Research, Compiling of Statement, Compiling of documents.

(b) a list of, and attach to your statement a copy of, each document which you have used to assist you in making this statement, including emails, text messages, policy documents, incident reports and correspondence.

Attachments

A) Statewide Mental Health Services Organisational Chart

B) Forensic Health Services Organisational Chart

- C) Dept. of Health Organisational Chart
- D) Memorandum of Understanding – Forensic Health Services / Children and Youth Services regarding Ashley Youth Detention Centre
- E) AYDC Client Consent Form
- F) The State Service Code of Conduct
- G) Copy of Job Card to place James Griffin into position number 521125 at AYDC
- H) Email from [REDACTED] to James Griffin acknowledging early termination of Fixed Term Contract.
- I) Statement of Duties – Nurse Unit Manager, Ashley Youth Detention Centre.
- J) Statement of Duties – Registered Nurse, Ashley Youth Detention Centre.
- K) Statewide Mental Health Services Clinical Governance Framework
- L) Statement of Duties – 523400d Nursing Director
- M) Email dated 23/10/19 from [REDACTED] regarding Health Services into Ashley Youth Detention Centre.
- N) Email dated 03/10/19 from [REDACTED] regarding “James Griffin”
- O) Email dated 21/10/19 from [REDACTED] regarding “Jim Griffin”
- P) Email dated 01/12/20 from [REDACTED] regarding Staff Member Ashley
- Q) Email dated 21/10/19 from [REDACTED] regarding “Jim Griffin”
- R) Email dated 21/10/19 from [REDACTED] regarding “Jim Griffin”
- S) Email dated 21/10/19 from [REDACTED] regarding “Jim Griffin”
- T) Email dated 09/10/19 from [REDACTED] regarding Examiner Newspaper Article “Man faces child sex charges”
- U) Article “Man faces child sex charges”
- V) Email dated 10/10/19 from [REDACTED] regarding James Griffin.
- W) Email dated 15/11/19 from [REDACTED] regarding “Communication regarding concerns”
- X) Letter to AYDC Manager Mr Patrick Ryan from CFMH Psychologist [REDACTED] dated 15/11/2019

Y) Email dated 15/11/19 from [REDACTED] regarding AYDC Letter.

Z) Barry Nicholson CV August 2022

Other information

Q82. Is there further information you would like to provide to the Commission regarding Ashley Youth Detention Centre? If yes, provide it here.

256. No

Q83. Is there further information you would like to provide to the Commission in relation to its inquiry? If yes, provide it here.

257. I was on Annual Leave from 11th December 2019 and returned to work 27th January 2020.

258. On 28th January 2020 I attended a handover meeting with [REDACTED], in this meeting he advised that he was aware of issues raised by [REDACTED] and outlined what these issues were and advised that both Health HR and CYS HR were liaising to offer a supported HR process.

259. In attachment M – email from [REDACTED] dated 23 October 2019 “AYDC health services” I was made aware that members of staff at Community Forensic Mental Health Services had met to discuss health services to AYDC. From this email the suggestion of a meeting was tabled which [REDACTED] was happy to work on an agenda.

260. The meeting regarding health services into AYDC did occur, however, this did not take place until 13th February 2020, the delay was because of the following reasons.

- i. November – [REDACTED] was away from the workplace on leave and meeting was held over until his return as he was acting in the Assistant Director of Nursing Position for Correctional Primary Health Services at the time.
 - ii. December – [REDACTED] had an unfortunate accident which kept him from the workplace until after his annual leave which finished in late January 2020, also at this time as stated above I was away on annual leave myself.
261. As stated above the meeting occurred in February and consisted of the following topics:
- i. Working on the MOU to update to its current form.
 - ii. Discussion regarding the psychology position.
 - iii. Support of staff – ensuring that staff were accessing their supervision as required.
 - iv. Model of Care – this was being worked on by [REDACTED].
 - v. Dr [REDACTED] continued role within the service – Dr [REDACTED] is employed through TasReach and has had a positive impact on services. We were looking to have Dr [REDACTED] and [REDACTED] working closer together on Fridays.

262. This meeting was not formal and therefore there are no minutes to produce, I have outlined the discussion as I recollect it above from my notes.

This statement is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Witness Signature: _____

(Print Witness Occupation on line above)

(Print witness name on line above) Date: _____