

Statement of PAMELA HONAN

RFS-TAS-090

Name **Pamela Honan**

Address

Hobart in Tasmania

Position **Director, Youth and Family Violence Services**

This statement is made by me in response to a request 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.

GENERAL

1. What is your present role? When did you take up that role and what are your responsibilities?

1.1. My role is Director, Youth and Family Violence Services which I commenced on 28 October 2019. In December 2021, I temporarily reduced my full-time hours to part time, resulting in the reallocation of the business units Community Youth Justice and Family Violence Counselling and Support Services, to other parts of the Agency. I retained oversight of Custodial Youth Justice i.e. Ashley Youth Detention Centre.

1.2. My responsibilities are to:

1.2.1. Strategically develop, lead and facilitate collaboration and cooperation among government agencies and the community sector to strengthen community youth support;

1.2.2. Develop and deliver strategic outcomes and engagement of staff and stakeholders in influencing and building productive working relationships and achieving priority outcomes;

1.2.3. Oversee the safe and secure operations of the Ashley Youth Detention Centre; and

1.2.4. Provide information and reports to the Secretary and other statutory bodies in regard to the operations of AYDC, incidents and activities.

2. Please detail the history of roles you have had that are relevant to Ashley Youth Detention Centre. When did you first assume any responsibility for, or involvement in, the management, supervision and/or oversight of Ashley Youth Detention Centre?

2.1. I joined the Department of Health and Human Services in 1994, initially as a Child Protection Officer. I was promoted into several positions across Child and Family

Services, leaving in 2001 to assume a management position in Housing Tasmania. In 2008 I obtained a Regional Manager position with Community Corrections, Department of Justice. I was promoted into a number of senior roles across the Department of Justice including Director, Community Corrections. In July 2018, I moved to Department of Communities after securing the position of Director, Child Safety Services. I moved from this to my current role in October 2019.

3. *What delegations do you presently hold under the Youth Justice Act 1997 (Tas) or otherwise relevant to Ashley Youth Detention Centre?*

Delegated section of the Youth Justice Act 1997		
Supervised release orders – Part 5 (YJ Act)		
Section 117: contravention of supervised release order options if new offence is not committed. May issue a written warning of contravention. After warning, may apply to the court to amend special conditions.	Deputy Secretary – CYF Director – Youth and Family Violence Services Director – Children and Families Area Manager – Youth Justice Services (South) Manager Community Youth Justice (North) Team Leader – Community Youth Justice Senior Worker Facilitator, Complex Case Management Community Youth Justice Worker (6 positions) Youth Justice Worker – Community Development (3 positions)	Area Manager – Youth Justice Services (South), Manager Community Youth Justice (North), Team Leader – Community Youth Justice, Senior Worker Facilitator, Complex Case Management, Community Youth Justice Worker (6 positions), Youth Justice Worker – Community Development (3 positions), only in respect of s 117(2) and 117(4).
Detention Centres – Part 6 YJ Act		
Section 124: issuing instructions concerning management of detention centre and safe custody and wellbeing of detainees consistent with the YJ Act.	Deputy Secretary – CYF Director – Youth and Family Violence Services	
Section 125: Determining the detention centre where the youth is to be detained	Deputy Secretary – CYF	Operations Manager – AYDC,

<p>when on remand, sentenced, or for transfer.</p>	<p>Director – Youth and Family Violence Services</p> <p>Manager – Custodial Youth Justice</p> <p>Assistant Manager – AYDC</p> <p>Operations Manager – AYDC</p> <p>Coordinator – Training and admissions AYDC</p>	<p>only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function.</p> <p>Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.</p>
<p>Section 126: admission of detainees on warrant, or refusal of bail, or for transfer, or in accordance with sentence of imprisonment.</p>	<p>Deputy Secretary – CYF</p> <p>Director – Youth and Family Violence Services</p> <p>Manager – Custodial Youth Justice</p> <p>Assistant Manager – AYDC</p> <p>Operations Manager – AYDC</p> <p>Coordinator – Training and admissions AYDC</p>	<p>Operations Manager – AYDC, only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function.</p> <p>Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager</p>

		are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Section 130: Written notice for temporary leave of absence from detention centre for employment, education or training, family visit, sport or recreation, cultural or entertainment, medical treatment, attend a funeral, or any other appropriate reason for a specified period of time and subject to conditions.	Deputy Secretary – CYF Director – Youth and Family Violence Services Manager – Custodial Youth Justice Assistant Manager – AYDC Operations Manager – AYDC Coordinator – Training and admissions AYDC	Operations Manager – AYDC, only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function. Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Section 133A: allowing police officer to visit detainee in detention centre for the purpose of a police investigation if the detainee has no objection, subject to time, duration, supervision, setting, secrecy or otherwise determined by the delegate.	Deputy Secretary – CYF Director – Youth and Family Violence Services Operations Manager – AYDC Coordinator – Training and admissions AYDC	Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the

		incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Section 133B: allowing detainee removal from detention centre for no more than 6 hours if satisfied that it is for the purpose of a police investigation and police access or under s 133A will not suffice for the purpose.	Deputy Secretary – CYF Director – Youth and Family Violence Services Operations Manager – AYDC Coordinator – Training and admissions AYDC	Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Section 134: delegate authorised to consent to any medical, dental, psychiatric, psychological or drug counselling or treatment of detainee in specified circumstances.	Deputy Secretary – CYF Director – Youth and Family Violence Services Manager – Custodial Youth Justice Assistant Manager – AYDC Operations Manager – AYDC Coordinator – Training and admissions AYDC	Operations Manager – AYDC, only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function. Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the

		positions are on leave or unable for any other reason to perform the relevant function.
Section 134A: removal of detainee to a secure mental health unit if the Chief Forensic Psychiatrist and any treating medical practitioner or psychologist is necessary.	Deputy Secretary – CYF Director – Youth and Family Violence Services Manager – Custodial Youth Justice Assistant Manager – AYDC Operations Manager – AYDC Coordinator – Training and admissions AYDC	Operations Manager – AYDC, only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function. Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Section 138: Upon receipt of a complaint under s 137, delegate has authority to provide written notice to the complainant and detainee containing details of the complaint and how the complaint will be dealt with unless the delegate reasonably believes the complaint is trivial or made only to cause annoyance.	Deputy Secretary – CYF Director – Youth and Family Violence Services Manager – Custodial Youth Justice Assistant Manager – AYDC Operations Manager – AYDC	Operations Manager – AYDC, only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function. Coordinator – Training and

	Coordinator – Training and admissions AYDC	admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Section 139: detention offences committed by detainee while in detention centre, including assault or contravening a condition of a leave of absence.	Deputy Secretary – CYF Director – Youth and Family Violence Services Manager – Custodial Youth Justice Assistant Manager – AYDC Operations Manager – AYDC Coordinator – Training and admissions AYDC	Operations Manager – AYDC, only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function. Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Section 140: dealing with a detention offence; confer with guardian of detainee	Deputy Secretary – CYF	Operations Manager – AYDC, only if Manager –

<p>and consider how to deal with offence before filing a complaint.</p>	<p>Director – Youth and Family Violence Services</p> <p>Manager – Custodial Youth Justice</p> <p>Assistant Manager – AYDC</p> <p>Operations Manager – AYDC</p> <p>Coordinator – Training and admissions AYDC</p>	<p>Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function.</p> <p>Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.</p>
<p>Section 142: changes to earliest release date if detention offence committed and decision concerning detention offence impacts the earliest release date.</p>	<p>Deputy Secretary – CYF</p> <p>Director – Youth and Family Violence Services</p>	
<p>Section 144: offences in respect of detention centre (possession of alcohol, unauthorised medicine, drugs, or weapons).</p>	<p>Deputy Secretary – CYF</p> <p>Director – Youth and Family Violence Services</p> <p>Manager – Custodial Youth Justice</p> <p>Assistant Manager – AYDC</p> <p>Operations Manager – AYDC</p> <p>Coordinator – Training and admissions AYDC</p>	<p>Operations Manager – AYDC, only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function.</p> <p>Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions</p>

		of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Section 145: child of detainee accommodated if appropriate.	Deputy Secretary – CYF Director – Youth and Family Violence Services	
Section 146A: laws applicable to detainees in prison setting and prisoner in detention setting.	Deputy Secretary – CYF Director – Youth and Family Violence Services Manager – Custodial Youth Justice Assistant Manager – AYDC Operations Manager – AYDC Coordinator – Training and admissions AYDC	Operations Manager – AYDC, only if Manager – Custodial Youth Justice, is vacant or the incumbent is on leave or unable for any other reason to perform the relevant function. Coordinator – Training and admissions AYDC, only if incumbent is on after-hours roster and positions of Manager, Custodial Youth Justice and Assistant Manager are vacant or the incumbent to the positions are on leave or unable for any other reason to perform the relevant function.
Interstate transfer of certain offenders – Part 7 YJ Act		

Section 149: upon entry into transfer agreement by Minister, delegate is to make transfer arrangement to or from Tasmania.	Deputy Secretary – CYF Director – Youth and Family Violence Services	
Section 153: delegate to direct person with custody to deliver offender to the custody of escort and authorise custody of offender for purpose of transferring.	Deputy Secretary – CYF Director – Youth and Family Violence Services	
Section 158: delegate may revoke a transfer to or from Tasmania any time before offender is delivered with consent to the revocation. If this occurs, delegate must make arrangements for the return of the offender to Tasmania.	Deputy Secretary – CYF Director – Youth and Family Violence Services	
Section 166A: Appointment of youth justice workers to carry out functions of a youth justice worker under the Act.	Deputy Secretary – CYF Director – Youth and Family Violence Services Director – Children and Families	
Section 167: delegate to appoint facilitators for specified period subject to terms and conditions specified in instrument of appointment.	Deputy Secretary – CYF Director – Youth and Family Violence Services Director – Children and Families	

REPORTING LINES

4. *Who reports to you in your present position?*

4.1. Manager, Custodial Youth Justice. Stuart Watson.

5. *To whom do you report in your present position?*

5.1. Deputy Secretary, Children Youth and Families, Communities Tasmania. Narelle Butt

6. *Who reported to you in any previous positions that involved the management, supervision and/or oversight of Ashley Youth Detention Centre?*

6.1. Patrick Ryan, former Manager, Custodial Youth Justice

7. *To whom did you report in any previous positions that involved the management, supervision and/or oversight of Ashley Youth Detention Centre?*
 - 7.1. Mandy Clarke, former Deputy Secretary, Children Youth and Families
 - 7.2. Gail Eaton Briggs, former Deputy Secretary, Children Youth and Families
8. *How regularly do you meet with and/or receive reports from management at Ashley Youth Detention Centre? What topics, issues and statistics are included in those meetings and/or reports?*
 - 8.1. I meet weekly with managers at AYDC either face to face or via Microsoft teams meetings. It is common to speak or email several times daily. I am physically on site at least 1 day but up to 3 days per week.
 - 8.2. Regular monthly reports pertaining to searches, restraint, isolation or use of force. These reports include names and gender of staff and residents involved, times, dates, types of searches, period of time in isolation, number of any extensions, reasons for restraint. Restraint and use of force incidents are accompanied by incident reports and CCTV that are reviewed by the assistant manager and provided to me for finalisation.
 - 8.3. Copies of minutes from the Weekly Review Meetings (WRM) previously (CST) are also provided to me.
 - 8.4. Any industrial relations, staffing or complex resident concerns are also discussed with me.
9. *Outside of regular reporting, in what circumstances is the Manager at Ashley Youth Detention Centre required to notify you of incidents, allegations and concerns in relation to the welfare of detainees, including any allegations relating to child sexual abuse?*
 - 9.1. Incident reporting is escalated to me if there is a significant event such as sexual/physical assault, damage to property, disturbance, self harm, escape. (see 11)
 - 9.2. All incidents of injury or harm to a young person would be notified through to me.
10. *Who is your immediate line manager? How regularly do you meet with or provide reports to your immediate line manager? What topics, issues and statistics are included in those meetings and/or reports?*
 - 10.1. Deputy Secretary. Fortnightly meetings to discuss any concerns. Not a set agenda and is largely driven by what is occurring at that point in time.
11. *Outside of regular reporting, in what circumstances are you required to notify the Deputy Secretary or the Secretary of incidents, allegations and concerns in relation to the welfare of detainees, including any allegations relating to child sexual abuse?*
 - 11.1. Incidents involving allegations against a staff member.

- 11.2. Incidents of a sexual nature between residents.
- 11.3. Any incidents of serious assault between residents or self harm requiring medical intervention.
- 11.4. Escapes or attempted escapes.
- 11.5. Incidents involving the attendance of Police, Fire or Ambulance.
- 11.6. Disturbances within the centre such as stand offs that may compromise the safety and security of the centre.
- 11.7. Assault of staff members.
- 11.8. Any other activities that are out of the ordinary and are of concern.

STAFF TRAINING AND SUPPORT

12. *During your time in positions relevant to the management, supervision and/or oversight of Ashley Youth Detention Centre, what training was given to Officials in any of the following:*

(a) record keeping, including with regard to incidents of violence or other inappropriate behaviour by detainees or Officials;

12.1. In 2020 the Ashley Incident Management System was implemented which provided capacity for electronic recording of incidents that are centralised in one system for record keeping, reporting and incident management purposes. All staff were trained in the use of this system and also maintaining electronic case notes in the Youth Justice Information System (YJIS). This training now forms part of standard induction and is embedded in day-to-day practice for existing staff. Out of the ordinary observations of resident behaviours or comments made are also recorded on an "intelligence register" which is reviewed by the Assistant Manager as an additional safeguard to gathering intelligence and pro-actively preventing potential incidents.

(b) behavioural management techniques for detainees, including isolation, removal of privileges and use of restraints;

12.2. In addition to induction, this is ongoing as part of standard review of incidents and compliance against procedures. Suspension or changes to privileges is determined in line with the Behavioural Development Program (BDP) at weekly review meetings (RWM) and recorded in minutes. It is not determined by individual staff.

(c) trauma-informed responses to detainee behaviour;

12.3. As per response in (b) but also ongoing as part of reflective supervision provided by the Practice Manager and Operations Coordinator. Strategies in understanding and responding to the complex behaviours of detainees are recommended by the Multi-Disciplinary Team (MDT). Support to implement these strategies and practices is provided by the Practice Manager or other Senior staff through supervision.

12.4. Child Wise, *Child Safe Fundamentals Training* was provided to all staff on 2nd, 8th Dec 2021. These were full day workshops educating staff about what Child Safe Standards are, the obligations of organisations and people working in them in keeping children safe from harm and; ensuring children and their families are informed about their rights and included in decision making.

(d) harmful sexual behaviours;

12.5. Provided by Sexual Assault Support Service on 22/11/21, 20/12/21, 15/7/22. These were full day workshops covering topics such as grooming, consent, trauma informed practice principles, referral, Identifying harmful sexual behaviours, how to respond to HSB, safety planning and self care.

12.6. Weekly check ins with the Practice Manager and a SASS clinician to discuss any sexualised resident behaviours, responses and strategies to address behaviours commenced in June 2022. These weekly check ins are intended to be broadened to also include youth workers and case managers.

(e) de-escalation techniques;

12.7. As per above in (b and c)

(f) personal searches;

12.8. As per above in (b and c). Updates to Operations Coordinators and Youth Workers about amendments to the search procedure and register have been provided and reinforced in supervision and incident review. As further technologies (baggage scanner and x-ray machines) have been introduced, changes to practice are being trialled prior to procedures being finalised to ensure all staff are aware of responsibilities.

(g) use of force;

12.9. As per above in (b and c)

(h) health and hygiene for detainees;

12.10. This forms part of AYDC induction and is also a component of the Behaviour Development Program that young people are encouraged to take responsibility for. Concerns about health and hygiene are discussed at the Regular Weekly Meeting as part of a young persons engagement with routines and may be referred to health services to address with the young person if problematic. Feedback is then provided as part of MDT meetings.

(i) occupational health and safety;

12.11. Training and information on work health and safety, sexual harassment and discrimination, professional conduct and complaint and grievance processes for AYDC staff are part of agency induction processes required for all agency personnel. Additional training in other areas is listed below.

12.12. Nominated Health and Safety Officers undertake mandatory training in order to fulfill their obligations under the WH&S Act. Mandatory health and safety training is provided to all new Youth Workers as part of the Agency induction process.

12.13. Department of Communities Health and Wellbeing Officers, started to participate in AYDC matters more regularly from February 2021. They attended the workplace to obtain feedback in relation to additional supports around health and wellbeing. HWO continue to have weekly visits to AYDC when possible.

(j) sexual harassment and discrimination;

12.14. Training and information on work health and safety, sexual harassment and discrimination, professional conduct and complaint and grievance processes for AYDC staff are part of agency induction processes required for all agency personnel. Additional training in other areas is listed below.

12.15. Equal Employment Tasmania delivered anti discrimination/workplace behaviours workshops on site 12th, 13th, 14th May 2021, this training was provided to all teams and managers.

12.16. Appointment of a People and Culture Senior Business Partner on site from July 2022 who is able to address and educate staff about harassment, discrimination, bullying behaviours or grievance concerns and also advise supervisory staff how to manage any concerning behaviours.

(k) professional conduct in the workplace or codes of conduct;

12.17. Training and information on work health and safety, sexual harassment and discrimination, professional conduct and complaint and grievance processes for AYDC staff are part of agency induction processes required for all agency personnel. Additional training in other areas is listed below.

12.18. In 2019 Communities Tasmania launched its agency values, which are respectful, connected, committed and kind, along with a supporting program of work to further embed the values within the workplace. Specific initiatives included:

12.18.1. An Inclusion and Culture Committee, comprised of Communities Tasmania employees, to advise on inclusion and culture matter within Communities Tasmania;

12.18.2. Values Champions, to champion agency values within the workplace;

12.18.3. The Culture Pulse check, a quick and regular workplace survey to help understand the level of values-based behaviours occurring in the workplace, and how people were generally feeling about work;

12.18.4. The Champion's Cup, which gave employees the opportunity to recognise their peers who go above and beyond in demonstrating the agency values in their day-to-day working lives

12.19. In November 2020, People and Culture ran dedicated workshops with AYDC employees to further embed the values into their day-to-day operations, specifically examining what these values-based behaviours look like in the ADYC context and gaining commitment from AYDC employees to work in ways consistent with the agency values while maintaining operational requirements.

12.20. Numerous employees of AYDC were nominated for the Champion's Cup across 2019 – 2022 and the AYDC administration team was awarded the Teams award in June 2021. This means Communities Tasmania employees recognised this group as the team that best demonstrated the agency values in that quarter.

(l) complaint and grievance processes; or

12.21. Training and information on work health and safety, sexual harassment and discrimination, professional conduct and complaint and grievance processes for AYDC staff are part of agency induction processes required for all agency personnel. Additional training in other areas is listed below.

12.22. Appointment of People and Culture Senior Business Partner on site from July 2022 who is able to address, advise, manage and refer complaints and grievances raised.

(m) disciplinary processes in relation to alleged misconduct by Officials.

12.23. An Information session was held with Deputy Secretary, a member from the DCT Legal Team and myself with AYDC staff in November 2021 in relation to reporting obligations and the ED5 process. The following resources were circulated and made available on the DCT intranet. Annexure Witness Fact Sheet, ED5 Respondent Fact Sheet, Manager Guide, Redress Fact Sheet, Support Fact Sheet.

12.24. Staff supports were offered both on site and through 1:1 appointment using Front Line Mind workshops and EAP service providers. Private counselling and psychology online supports were also offered through the Tess Crawley Clinic.

POLICIES AND PROCEDURES

13. *As far as you were or are aware, during the course of your roles involving the management, supervision and/or oversight of Ashley Youth Detention Centre:*

(a) What is or was the policy or procedure which governed the use of isolation facilities?

13.1. Use of isolation procedure

13.2. Use of isolation register

(b) What is or was the policy or procedure which governed the use of unit bound practices?

13.3. Unit bound practices no longer exist, there has not been a procedure for this to my knowledge. I believe this was a legacy practice that previous Managers endorsed early in my commencement in this role

(c) What is or was the policy or procedure which governed personal searching of detainees?

13.4. Personal Searches of Young Persons at AYDC Procedure

(d) What is or was the policy or procedure which governed the use of force towards detainees?

13.5. Use of Physical Force Procedure and Minimising the use of physical restraint Practice Advice

(e) What is or was the policy or procedure which governed the way in which Officials were to interact with detainees more generally?

13.6. The principles of how staff work with detainees is guided by the AYDC Practice Framework. Annexure 1.

(f) What is or was the policy or procedure which governed the way in which Officials were to interact with each other?

13.7. This is guided by the State Service Code of conduct and other statutes pertaining to EEO and anti-discrimination. The DCT Agency Values guide staff behaviours and interactions.

(g) What is or was the policy or procedure which governed detainees' ability to have visitors (for example, family, friends, legal representatives, external oversight)?

13.8. SOP 9 Site entry and exit Visitors and Service Providers

(h) What is or was the policy or procedure which governed the record keeping of incidents, including how incidents were classified?

13.9. AYDC Incident reporting procedure.

(i) Is there any policy in place requiring the reporting of misconduct or potential misconduct by Officials, including in relation to mandatory reporting obligations? What was this policy?

13.10. AYDC Contacting the ARL

13.11. CYF Reportable concern Facts Sheet

(j) Was there any policy or procedure in place regarding mandatory reporting requirements in relation to conduct by Officials, detainees or others?

13.12. AYDC Procedure contacting the ARL

13.13. CYF Reportable Concern Facts sheet

(k) Are there any other policies or procedures which were known to you and that you consider particularly relevant to Ashley Youth Detention Centre? In your answer, please identify where standard practice did not align with these policies.

13.14. Not to my knowledge

14. *How are Officials made aware of and trained in those policies and procedures you listed in answer to paragraph 13?*

14.1. These procedures form part of AYDC induction and are reinforced through refresher training, supervision with Operations Coordinators and the Practice Manager. Policies and procedures are used to quality assure compliance in the review of incident management.

15. *How is compliance with policies and procedures monitored? How and when has this changed over time?*

15.1. There is now a dedicated full time Policy Support Officer located at AYDC who consults with staff in the development or ongoing review of procedures. Once finalised, the procedures are used to update training materials with the Trainer (or Practice Manager). Any changes to practice are embedded through training and supervision. Changes and updates are also flagged with staff by email and discussed at meetings.

15.2. Electronic spread sheets are kept of staff who have completed training. There is also a wide range of online training (THEO). Staff register in THEO and once the module(s) are completed this is recorded and can be reported against.

15.3. Compliance with procedures is monitored through supervision and review of incidents to identify good practice or noncompliance. This is rectified with additional training, supports or other actions as may be required.

YOUR ROLE IN INVESTIGATING AND RESPONDING TO ALLEGATIONS

16. *What is your role in receiving and acting on complaints, allegations and concerns about the conduct of Officials?*

16.1. My role is to report these matters to People and Culture. A discussion will occur with People and Culture about who is best to handle the complaint/allegation depending upon the nature of it. Any allegations pertaining to the harm of a young person by an official is referred and managed by People and Culture.

16.2. The matter would also be briefed via the Deputy Secretary to Secretary, Communities Tasmania and Minister. The decision to commence any action under the State Service Act is determined by the Secretary.

17. *Is there a policy governing the Department of Communities' response when an allegation is made against a current Official regarding child sexual abuse? If yes, please provide a copy of the policy. Does standard practice align with that policy?*

17.1. Not to my knowledge, these matters are managed by People and Culture.

18. *In what circumstances, and by whom, are police notified about complaints, allegations and concerns about the conduct of Officials? Have you made or caused to be made any notifications*

to police or the Registrar under the Registration to Work with Vulnerable People Act 2013 (Tas) arising from allegations about the conduct of Officials at Ashley Youth Detention Centre?

18.1. Police are notified of complaints that constitute a criminal act or if a young person is harmed through either an alleged act or omission by an official. Since commencing in this role, these matters have been referred to and managed by People and Culture, including reporting allegations to Police and the Registrar, Working with Vulnerable People. I have not notified directly.

19. *What is your role in receiving and acting on complaints, allegations and concerns about the wellbeing or safe work environment of Officials at Ashley Youth Detention Centre?*

19.1. I would clarify the nature of the complaint and I (or the Manager) would bring together the people required to resolve it. This may involve wider engagement with staff, WH&S Officers, Worksafe, other agency officials or Unions to negotiate strategies to address physical or systemic safety concerns.

19.2. If the complaint is more individual between staff, I would seek to understand the issues and if possible, negotiate a resolution between them drawing in support for the staff from the Senior Business Partner on site from People and Culture .

20. *What is your role in investigating or causing to be investigated allegations of misconduct, including allegations of historical child sexual abuse, made against current Officials?*

20.1. My role is to support the investigation by providing any information or documentation available to assist enquiries. I do not hold an investigative role.

21. *How are allegations in relation to Ashley Youth Detention Centre prioritised for investigation? For instance, the Commission is aware that an ED5 process into allegations that documents were removed from Ashley Youth Detention Centre by an Official has been conducted and completed, whilst processes arising from historical allegations are, as the Commission understands it, yet to be completed. What factors are relevant to the order in which matters are investigated and the time which those investigations take?*

21.1. I am unable to comment how ED5 and other matters are prioritised once they have been referred to People and Culture. I am aware that initially, AYDC records were paper based and not stored electronically so delays occurred with trying to source information. Historic records were also stored in multiple locations and sometimes informally so were difficult to locate.

21.2. Delays with some investigations also occurred due to the unavailability of witnesses for extended periods of time.

CLINICAL PRACTICE AT ASHLEY YOUTH DETENTION CENTRE

22. *What do you understand to be the respective roles to be played by:*

(a) the Professional Services team;

22.1. The Professional Services Team provide therapeutic supports and services to young people in detention. This may range from approving external phone contacts, the development of case and care planning, exit planning, restorative case conferencing, referrals to other services for young people or advising on behaviour management strategies and supports to Youth Workers.

(b) the Health team;

22.2. The Health Team assess all young people's health upon admission and provide any physical or psychological health care needs to them for the duration of their detention. This may include assessment, screening, the provision of medication, referral to specialist services, monitoring and management of Suicide And Self Harm (SASH) risks or in response to applying treatment as a result of incident, accident or illness. Members of the health team also engage in Multi Disciplinary meetings to discuss young people with complex medical needs to collaboratively inform decision making, planning and support.

(c) the Operations team; and

22.3. Provide day to day engagement, support and safe care of residents in detention. Supervision of residents engaging in off property appointments and activities. Encouraging participation in routines, program activities and positive behaviours (BDP). Role modelling pro social behaviours and holding young people accountable for unacceptable behaviours. Participation in Weekly Review Meetings to discuss colour, unit placement and resident requests.

(d) Officials in the Ashley Youth Detention Centre school?

22.4. Provision of education and flexible learning programs for young people to develop literacy, numeracy and vocational education training opportunities. Promote pro social behaviours and values. Works closely with the AYDC Programs Coordinator in running and assessing educative, therapeutic and recreational programs delivered on site with young people.

23. *Describe the relationship as you perceive it between Operations Officials and Professional Services Officials at the Ashley Youth Detention Centre. Has your perception of this relationship changed over time? If yes please explain why.*

23.1. The relationship is respectful, supportive, collaborative and equal.

23.2. This is the opposite of what I perceived in the commencement of my role in October 2019. There appeared to be a tense divide between Operations Officials and the Professional Services Officials which was exacerbated by the command and control management style of senior managers.

23.3. There was a noticeable lack of professional regard and collaboration between the two streams with little to no external involvement from stakeholders in Multi-Disciplinary Team (MDT) meetings. Because of this dynamic and the dominance of operational staff represented at MDT, the multi disciplinary process was ineffective. Practices had become punitive resulting in the moving or containment of residents in response to incidents,

rather than understanding and responding in a trauma informed way to triggers and escalating behaviours. The two streams were philosophically opposed and silo' d. I would describe much of the workforce as disempowered.

- 23.4. I attribute the changes that have occurred to the appointment of new Senior Managers both across the operational and professional services teams (now called Ashley Team Support) and the shift to a more accountable and collaborative style of leadership and decision making.
- 23.5. The development and implementation of a new Practice Framework. The collaborative process used to engage staff, young people and stakeholders in developing and implementing the AYDC Practice Framework and Learning and Development Framework unified staff and their common understanding of the practice principles, common elements and language of what is understood as trauma informed practice.
- 23.6. Increased accountability of all staff by improving the recording of information in case notes, incident reporting, CST and MDT decisions/minutes and isolation/restraint and search registers improved compliance and consistency in practices. Increased external reporting of these activities also improved the accuracy and standard of information being recorded.
- 23.7. There was considerable investment in building staff (including managers) understanding and application of the Agencies values and expected workplace behaviours. Rewarding through recognition, staff who exemplify the values of respect, kindness, connected and committed.
24. *Describe the relationship as you perceive it between Operations Officials and Health Officials at the Ashley Youth Detention Centre. Has your perception of this relationship changed over time? If yes please explain why.*
- 24.1. I would describe the relationship as previously silo'd particularly at the senior operations manager level with health officials. I again would attribute this to the lack of collaboration and the directive management style in AYDC at this time.
- 24.2. The relationship has improved over the past 3 years. It is now more collaborative and supportive but in my view there is merit in considering better integration of information between the Agencies. . The reason that this has changed is as described above.
25. *Describe the relationship as you perceive it between Health Officials and Professional Services Officials at the Ashley Youth Detention Centre. Has your perception of this relationship changed over time? If yes please explain why.*
- 25.1. My perception of the earlier relationship between Health Officials and Professional Services Officials was that it was largely silo' d . There were some strong individual personalities in both areas that generated tensions and what I would describe as alliances that blurred professional roles and responsibilities.

25.2. The current relationship is professional, collaborative and respectful. I would attribute this to the above explanation provided in Q23 and deliberate efforts of myself and other senior AYDC managers to repair and rebuild professional trust.

26. *Describe the relationship as you perceived it between the Officials based at Ashley Youth Detention Centre and management at Department of Communities. Did your perception of this relationship change over the Relevant Period? If yes please explain why.*

26.1. My immediate impression of AYDC at the commencement of my appointment in this role is that it operated independently to the broader Division of Children, Youth and Family Services (CFS) and Department of Communities. It was highly autonomous, inward facing and lacked strategic leadership. My impression was that there was also a high degree of mistrust and selectivity in what and how information was reported by the Manager up to the executive to ensure the operating of the centre was positively regarded. The relationship with independent statutory bodies appeared to be wary and uncooperative.

26.2. This has changed significantly since 2020 due to many of the factors identified in Q23, also; improved recording and reporting of information both internally to executive and externally to independent statutory bodies; open and transparent reflection and review of incident management to continuously improve and support best practice not seeking to blame; reclassification and functional alignment of several positions within AYDC to parallel like roles in other parts of the Agency (Policy Support Officer, Practice Manager and Trainer). Whilst physically based in AYDC, these positions are also professionally supported and interface outside the centre with other reform, policy and workforce development practitioners to ensure staff are strategically informed, professionally developed and practice and training materials are contemporary.

26.3. The weekly physical presence of myself at AYDC speaking and listening to staff and residents and the appointment of a Senior Business Partner has further assisted in strengthening trust, accountability, transparency, and improving workplace culture. The relationship between Ashley Officials and Management at Department of Communities is more supportive.

27. *What was the 'AYDC Model of Care'?*

27.1. The model of care at AYDC was a range of tools and frameworks that at times competed and complicated the way staff worked and understood how they should be working. There was no common approach or language. Broadly the term Ashley + Approach was used to overarch the Attachment, Regulation, Competence (ARC) framework as a trauma informed approach to practice. Ashley + also references the Tasmanian Child and Youth Wellbeing domains but had not fully incorporated them into case management. It also attempted to adapt a version of the Safe Wards mental health model to "Safe Centres" to create a more therapeutic environment and approach to de-escalating conflict in the work place. The \$7.3 million redevelopment and refurbishment of the AYDC facility is part of the Ashley + Approach.

(a) What role (if any) did you have in its establishment?

27.2. None, this was in place before my commencement.

(b) Do you consider it was fully and appropriately implemented?

27.3. No.

(c) To the extent that it was not fully or appropriately implemented, what do you consider to be the reasons for that?

27.4. Ashley + Approach was too complicated and attempted to ameliorate a range of models and tools to suit AYDC without fully analysing what was fit for purpose for the Tasmanian context and demographic.

27.5. Ashley + Approach also appeared to be an inward facing model that was not integrated with other youth services such as youth justice, child safety or the community sector.

27.6. The Ashley + Approach model was also not considered alongside an appropriate operating model for implementation.

(d) Did awareness of the AYDC Model of Care or its replacement improve during your time at the Ashley Youth Detention Centre?

27.7. Yes, I commissioned the Australian Childhood Foundation (ACF) to undertake a “rapid discovery phase” analysis of the current state at AYDC and to make recommendations for the way forward to develop a fit for purpose practice framework and operating model. A previous consultancy with ACF had been commissioned in 2013 to develop a Practice Framework but was not progressed. I do not know why.

27.8. These recommendations formed the basis for the current practice framework which was implemented in 2021. The operating model had not been advanced due to the inability to progress a proposed new roster structure, the closure announcement, transition to a new Agency and pending Youth Justice Reform. Some positions have been reviewed and reclassified to meet the needs under the new Practice Framework.

CULTURE

28. *What is your understanding of the philosophy underpinning the way children detained at Ashley Youth Detention Centre are to be treated?*

28.1. My understanding of the philosophy underpinning the way young people should be treated at AYDC is with respect, felt safety, accountability and inclusion.

29. *At the time you started in your first role responsible for management, supervision and/or oversight of Ashley Youth Detention Centre, were you made aware of any concerns about how children were being treated? If so, what were those concerns, who told you about them and what (if any) action did you take?*

29.1. No concerns about the treatment of young people were raised with me at the commencement of my role.

30. *During the time since you commenced a role which involved the management, supervision and/or oversight of Ashley Youth Detention Centre, did you have concerns about how children*

were being treated by Officials (including youth workers)? If so, what were those concerns and what (if any) action did you take?

- 30.1. On the 5th and 6th December 2019, Alysha had telephone conversations with my Executive Officer about concerns of unethical practice that she was seeing. An appointment was made and I spoke with Alysha the next working day. These concerns were specific to the mismanagement of an alleged sexual assault by two detainees on another detainee that had previously occurred in ██████████ 2019.
- 30.2. Given the serious nature of the concerns and disparity between what was alleged by Alysha and previously reported in an Information Briefing to the Secretary, a term of reference for a Serious Event Review (SERT) was approved to investigate the incident and the management of it. The review commenced in December and concluded in March 2020.
- 30.3. As a result of a standoff at the centre on 13th December 2019, I was made aware of potentially unauthorised periods of isolation for 3 detainees. I spoke to several staff at AYDC who corroborated concerns about the post incident management of the 3 detainees. They also confirmed other concerns raised by Alysha about bullying by managers and a poor workplace culture.
- 30.4. This 13th December 2019 incident was referred to an external investigator to prepare a chronology of the events relating to the young people involved in this incident and compliance of the management of it in line with procedures and policy. As per 30.3, I commenced discussions with Mr Ryan to address workplace culture and bullying concerns.
- 30.5. Further emails were forwarded to me on ██████████ 2020 by Alysha. These concerns were about vulnerable young people being placed in the Franklin Unit and victimised by these same older residents. Placement of these detainees was against the recommendations made by the Multi-Disciplinary Team (MDT). One of these residents (R) had subsequently been involved in an assault and then moved from the unit. I spoke with the Manager, Mr Patrick Ryan about these concerns and the apparent lack of professional judgement being applied in placement and management of R. I instructed Mr Ryan not to disregard the recommendations of the MDT. Mr Ryan told me that some of the recommendations made by MDT were operationally, unable to be implemented and that the communication and dynamics between operational and professional services staff was poor. He agreed with my suggestion to appoint a Senior Quality Improvements Advisor (SQPA) to review the management plan for R, the assault that occurred on ██████████ 2020, and provide advice around possible strategies for improved collaboration and communication for future complex needs clients.
- 30.6. I asked the Clinical Practice Consultant Support Officer (Alysha) to gather information about the incidents that she was concerned about and as part of her role, then draft a term of reference for a Senior Quality Improvement Advisor (SQPA) from Children Youth and Families, to review the concerns she had flagged. The review was commenced in February 2020 but not completed due to a restructure of the Quality Improvement and Workforce Development Team and redeployment of staff and the onset of Covid 19 restrictions. I was not advised of the decision to cease this review as incomplete.

31. During the time since you commenced a role which involved the management, supervision and/or oversight of Ashley Youth Detention Centre, did you have concerns about the way the Centre was being managed by its senior management within the Centre? If so, what were those concerns and what (if any) action did you take?

- 31.1. There was a hierarchical command-and-control culture led by the Manager, Acting Assistant Manager and Acting Operations Manager. I had cause to speak with Mr Ryan during a supervision session about what I would describe as his instruction and “standover” behaviour of a Health Professional during a meeting. Mr Ryan struggled to recognise the impact that this behaviour had on the individual and the group dynamic, needing considerable challenge to concede his behaviour was poor. None of these Managers remain in these roles.
- 31.2. Incidents appear to have been minimised or misrepresented rather than reviewed and improved. As noted in the H₂SERT review, an IB prepared by Mr Ryan to the Secretary does not depict an accurate description of the incident and is misleading.
- 31.3. Actions were taken to increase accountability and ensure more transparency about decision making. This involved moving from paper based recording of case notes and to a centralised, electronic incident management reporting system. Staff were trained in using the Ashley Incident Management System (AIMS). This program captures incident data and is used for management and reporting purposes. The Assistant Manager, draws data, statements and incident forms from this system, along with CCTV, for the purpose of review of incidents. The review report and any recommendations are provided to myself for finalisation and closure. Templates for MDT and WRM minutes were reviewed and improved to reflect more detailed information and actions taken. The information contained in use of force/isolation/search registers was improved and reported to the Director CCYP and Custodial Inspector each month.
- 31.4. I also undertook a mediation/facilitated conversation between Alysha and Maude to address alleged incidents of bullying and disrespectful workplace conduct. There appeared to have been a series of ongoing incidents raised by Alysha with Mr Ryan but no resolution or strategies put into effect to cease or manage further recurrence.
- 31.5. In July 2022, People and Culture appointed a Senior Business Partner who is predominantly located on site at AYDC. This role provides staff with information and support to educate and pro-actively address any concerns of bullying behaviours, workplace conduct or safety.
- 31.6. As discussed in 30.6
- 31.7. A further standoff occurred on 6 March 2020 and a similar post incident management plan of isolation and unit bound activities from 7-9 March 2020 was proposed to me by Lester and Mr Ryan which I would not endorse. I also sought independent review of this matter.

32. How would you describe the present workplace culture at Ashley Youth Detention Centre? Have you observed that culture change over the time you have been associated with it?

- 32.1. There have been considerable changes to the systems, processes, culture and leadership of AYDC. This has improved accountability, transparency and communication across the centre. The positive gains to changing the culture and lifting morale in 2020/2021 have been eroded since staff suspensions began, the closure of the Centre was announced, and the 60 minutes story was aired. I would describe the current culture as struggling under enormous pressure and uncertainty. It is a stressed workplace that feels judged and unfairly stigmatised.
33. *What do you consider to be the main challenges and operational pressures confronting those who manage and work at Ashley Youth Detention Centre generally?*
- 33.1. As described above, it is challenging to maintain positivity when there is so much uncertainty around the future of the centre, employment and negative public perception.
- 33.2. Managing the association and personality conflicts between young people in custody. Being only a small facility, most young people are familiar with each other and have pre-existing family, personal or criminogenic conflicts which are difficult to safely navigate in limited and contained spaces.
- 33.3. Managing the complexity of needs of young people in custody ranging from 11-18 plus years, mixed gender and all of which are high needs and often dysregulated.
- 33.4. Staff absenteeism due to illness, emotional fragility, instability of employment creating additional pressures on remaining staff.

PLACEMENTS AND UNIT BOUND

34. *The Commission has received evidence suggesting that during the Relevant Period, there was inappropriate placement of detainees in different units within Ashley Youth Detention Centre, both in relation to placement of detainees in units with other detainees and detainees being unit bound as a method of behavioural management by the CST.*

(a) Did you have any concerns or were you made aware of any concerns about the placement of detainees or detainees being unit bound? See for example Annexure D: DCT.0004.0007.0618.

34.1. Yes.

(b) If so, what were those concerns and how did you act on them? Please provide a copy of any relevant policies in relation to a detainee being unit bound.

34.2. The term unit bound was questioned by me when I first commenced in the role. It appeared to be a legacy practice used to manage challenging behaviours of individuals that was endorsed by the Assistant Manager and Manager. All current staff who are employed at the centre are clear that this practice is not approved and not to be used. Activities and any restrictions placed on detainees is now recorded in detail in the weekly review meeting minutes and aligned with the Behaviour Development Program colour. The minutes are provided to me, the Commissioner for Children and Young People and Custodial Inspector for scrutinization on a weekly basis.

- 34.3. As previously referenced, the inappropriate placement and use of unit bound practice to manage the behaviour of a complex needs detainee (R) was flagged with me by Alysh. As previously discussed, a referral was prepared by Alysha for a SQPA review to review the management of this detainee.
- 34.4. It was also drawn to my attention that this practice was used as a post incident management strategy to the 13 December 2019 roof stand-off. An independent investigator was commissioned to investigate this concern. A similar proposal of isolation and unit bound practices was presented to me during the second standoff incident on 6 March 2020 by the same Centre Manager and Acting Assistant Manager which I refused to support. Since the replacement of these managers from these positions in 2020, all current managers and staff have been directed that unit bound is not an approved practice and is a form of isolation.
- 34.5. There are no policies regarding unit bound as it is not an approved practice.
35. *During the Relevant Period was there, to your knowledge, a formal or informal policy of using placement decisions or threats of placement decisions as a means to influence or punish the conduct of detainees? How often would these policies be updated? Were Officials provided training in relation to these policies? Please provide a copy of any policies relevant to placements of detainees.*
- 35.1. To my knowledge, there is no formal or informal policy reflecting placement decisions being made this way.
- 35.2. Unit placement should only occur as part of Weekly Review Meetings (Previously CST) or in an emergency out of hours, in consultation with the on-call manager. Annexure 2 is Terms of reference AYDC Weekly Regular Meeting. Annexure 3 is the Terms of Reference Centre Support Team.
- 35.3. I do not know how often policies were previously reviewed, however with the exception of complaints and grievances and case management procedures, all other policies and procedures were revised in 2021-2022. The review of these policies and procedures was conducted on site with a working group led by a Senior Policy Officer. Changes were imbedded in training and rolled out with staff as refresher training or implemented through supervision with the Practice Manager or Operations Coordinators.
36. *During the Relevant Period was there to your knowledge any policy or practice of using the behaviour or potential behaviour of some detainees as a threat to influence or punish the conduct of other detainees? For instance, was there ever a policy or practice of threatening detainees with the risk of placement in the Franklin Unit and/or the risk of being placed with detainees who posed a risk of physical or sexual harm to them? If you were aware of such a policy or practice, what action did you take in response to this knowledge?*

36.1. During the relevant period, to my knowledge there is no policy for this. This concern as a practice had been raised with me by Alysha and formed part of the terms of reference for the SERT and SQPA reviews that were commissioned.

ISOLATION

37. *The Commission has received evidence suggesting that during the Relevant Period there was inappropriate use of isolation of detainees.*

(a) What is the difference, to your knowledge, between a detainee being 'unit bound' and in 'isolation'?

37.1. Isolation is to be locked in a room separate from others and from the normal routine of the detention centre. Isolation should not be used for behaviour management, but for safety and security purposes and for the briefest time only. Unit bound is being restricted to the confines of a locked unit, not room. This allows for interaction with staff, but not engaged in normal routines.

(b) Did you become aware of allegations of inappropriate use of isolation or detainees being unit bound? If so, how did you become aware and what investigation or action did you take?

37.2. Yes, both of these practices were flagged with me, one by Alysha in relation to the management of R and another flagged by Ms Fiona Atkins regarding the post incident management of a standoff at the centre on December 13, 2019. I made some initial inquiries with both matters to verify the concerns and then referred both matters for independent review.

(c) Did you yourself have any concerns or were you made aware of any concerns about the use of isolation or detainees being unit bound?

37.3. On the first day I commenced in the role, I saw the term unit bound referenced in a document by Lester. The explanation for this was that it had been implemented as an interim security measure in response to a detainee who had escaped from custody and was a risk of further attempts.

(d) If so, what were those concerns and how did you act on them?

37.4. I became concerned about detainees being unit bound or isolated in December 2019. As noted in 37.2. I sought review of both matters due to their complexity.

(e) What is the current practice in relation to the use of isolation? If relevant, please provide copies of any policy, procedure or other guidance material in relation to your answer. How do you satisfy yourself that the current policies, procedures or other guidance material are being followed?

37.5. Isolation is used as a last resort to ensure immediate safety and security and for the briefest period required. It is a measure of last resort. Most periods of isolation are under 30 minutes duration.

37.6. There is a detailed register that is required to be maintained for all periods of isolation and any extensions. This is provided to me monthly and reported externally to the CCYP and CI.

37.7. Annexure 4 is the Isolation procedure. Annexure 5 is the isolation register.

38. *The Commission has received evidence suggesting that during the Relevant Period there was inappropriate use of strip searching, both as to when searches were carried out and how they were carried out.*

(a) Did you have any concerns or were you made aware of any concerns about the use of strip searching by Officials?

38.1. I had no concerns about strip searching until I became aware as a result of Ms O'Connor's allegation that **Lester** had allegedly strip searched a detainee.

(b) If so, what were those concerns and how did you act on them?

38.2. This was investigated and records cross checked. The investigation found that the allegation was not substantiated.

38.3. *What to your knowledge is the current practice in relation to the use of strip searching? How do you satisfy yourself that the practice is being followed? Please provide a copy of any relevant policies.*

38.4. Strip searching or unclothed searches has not been a practice at AYDC since I have been in my role. There is a personal searches procedure that was implemented in 2019 and outlines the process for partially clothed searches. Annexed is a copy of the personal searches policy. Additional training was provided to staff in performing partially clothed searches and the use of modesty gowns in February 2020. All searches are recorded in a register and reported on a monthly basis detailing who, when, why and the outcomes of each search.

38.5. I review this register monthly to ensure that the records of searches conducted, comply with the searches procedure requiring an observer, same sex searcher and the type of search undertaken is the least intrusive and proportionate to risk.

39. *Since you first assumed any degree of responsibility for managing, supervision and/or oversight of Ashley Youth Detention Centre, have issues arisen about staffing levels and whether there were sufficient qualified Officials on duty to meet the needs of detainees?*

39.1. Yes. Upon commencement in my role I formed a view that there were inadequate numbers of staff at the centre. Further, I formed the view that a number of existing staff members suffered from low morale. I also quickly formed the view that there were not sufficient qualified operational staff on duty at any one time to meet the needs of detainees.

40. *If so, how have such issues been managed? What role have you played in that management?*

- 40.1. Centralised recruitment support is now provided through DCT, People and Culture branch. This has assisted with quality assuring and streamlining the recruitment process and relieving the administrative burden upon AYDC staff. Recruitment is also rolling and not reliant upon vacancies before advertising so is timelier. A rolling relief register has been created to identify staff that can be trained and available for relief work at times when there is a need. I have also sought to have 4 additional positions filled above FTE given the long-term nature of some absences.
- 40.2. Several positions have also been reviewed, re-scoped and re-classified to align with the needs of AYDC dedicating skilled resources where they are required in supporting operational needs and those of detainees. That is, Practice Manager, Policy Officer, Case Management Officer, Trainer. These positions are now filled by suitably qualified staff or under recruitment to be filled.
- 40.3. Other qualified officials such as teachers, health staff, managers and staff from Child Safety or Youth Justice have been engaged to support the work of AYDC operational staff during periods of absenteeism, to ensure that the needs of detainees are met.
- 40.4. I have coordinated the matters that I have described in paragraphs 40.1-40.3

41. What is your view about the current staffing levels at Ashley Youth Detention Centre?

- 41.1. The FTE is sufficient when staff are in their roles. This is not the case at present.

42. The Commission is aware that the Health and Community Services Union (HACSU) has recently issued a provisional improvement notice (PIN) in relation to the allegedly unsafe working conditions and staff shortages at Ashley Youth Detention Centre:

(a) In your view, what has caused or contributed to the current situation at Ashley Youth Detention Centre?

- 42.1. Staff absence due to suspension, leave, illness. Workers' compensation claims from staff impacted by the closure announcement, staff receiving abusive calls and death threats from the public post media reporting, stigma of being labelled as child abusers.

(b) What (if any) concerns do you have regarding workplace staff shortages at Ashley Youth Detention Centre, including detainee experiences in relation to being unit bound or held in effective isolation?

- 42.2. I am not happy with staff having to implement restrictive practices, however, it has been explained to detainees that this is not their fault, and it is not a punishment. Staff on site are working with youth workers to ensure young people are rotated out of their rooms and units as much as possible to engage in educational learning, recreation activities and exercise. This occurs for several hours a day on most days but requires a number of staff to work significant overtime.
- 42.3. There are concerns about the sustainability of this work pattern on staff. There are potential long term impacts for young people not being able to fully engage in previous

opportunities available to them such as social interactions and maximising off property experiences.

(c) What action (if any) is being taken by you and/or the Department of Communities in relation to any workplace issues at Ashley Youth Detention Centre?

42.4. All workplace issues are taken seriously and addressed. Four new staff completed induction and started work on the roster, week commencing 15 August 2022. Further recruitment is underway. Many of the issues pertaining to staff absences are external to the control of AYDC. High absenteeism due to illness, in particular Covid-19, is applicable to all front-line services.

42.5. Managers are engaged in youth work where there is a need, to lessen the impact of restrictive practices with young people.

42.6. Suitable staff from other parts of the agency (youth justice, child safety) are also supporting youth workers at AYDC to ensure restrictive practices are lessened.

(d) Have complaints, allegations or concerns been raised in relation to similar issues previously? If so, how have such issues been managed?

42.7. Yes, as referred to in paragraph 39 and 40 above, there have been concerns in respect to workplace resourcing. These concerns have formed part of the reason for making the changes as described above and below.

43. What action is being taken by the Department of Communities to ensure staffing levels are appropriate at the Ashley Youth Detention Centre?

43.1. Recurring rolling recruitment processes and appointment of positions above FTE.

43.2. Creation of a relief register

43.3. Redeployment of staff from other parts or Agencies to support Youth Workers.

43.4. Variations of duties for staff in other roles at AYDC that have suitable skills to support front line responsibilities.

44. The Commission is aware that a number of Officials felt or continue to feel unsafe at work for reasons which included the behaviour of detainees, the behaviour of other Officials and/or staffing levels which they felt placed them at risk.

(a) Were you aware of these concerns being expressed by Officials?

44.1. Yes

(b) What action (if any) have you taken in response to being made aware of these concerns?

44.2. Mediation between officials in relation to behaviour concerns.

44.3. P&C Senior Business Partner located on site having direct involvement with supporting staff and resolving concerns.

- 44.4. EEO and living our values workshops held with all staff about workplace behaviours and conduct.
- 44.5. Realignment of staff on rosters to spread skills and experience. Rotation of staff through units where young people have complex behaviours.
- 44.6. Revised BDP to ensure consistency in response to behaviours and rewards. More motivation for young people to positively behave if the rewards are meaningful to them.
- 44.7. Conducting immediate discussions with HSR and Unions regarding safety concerns.
- 44.8. Introduction of a Risk Assessment Process Team (RAPT) to fully consider incident responses and strategies to support behaviour management and risk reduction.

(c) Has there been any action taken by the relevant union or by any Official to raise formal concerns about the safety of those working at the Ashley Youth Detention Centre? If so please give details.

- 44.9. Yes. There is a current PIN in place regarding low staffing numbers. See answers to Q43, negotiations are positive and ongoing.

45. What is the bullying policy that has been in place since you first assumed any degree of responsibility for management, supervision and/or oversight of Ashley Youth Detention Centre? How is that policy enforced?

- 45.1. Annexure 8 is three documents, namely, Bullying and Harassment policy, State Service Code of Conduct information sheet and State Service Principles relevant to the Department of Communities.
- 45.2. Enforced through training, supervision and reflective practice. If concerns are raised the P&C staff and the on site Senior Business Partner are able to provide direct support or advice in process and managing issues.

46. What is the sexual harassment policy that has been in place since you first assumed any degree of responsibility for management, supervisions and/or oversight of Ashley Youth Detention Centre? How is that policy enforced?

- 46.1. As above.

47. Describe the behaviour management system in place at Ashley Youth Detention Centre as you understand it to be.

- 47.1. BDP was revised in 2021 in consultation with staff and young people to incentivise positive behaviour and engagement in routines. Daily points are gained for positive choices that equate to a colour system that entitles young people to items, activities and vouchers to celebrate their success.

48. In your view is the behaviour management system:

(a) appropriate; and/or

48.1. Yes. The revised version is less punitive and more agile in that a young person does not lose privileges for incidents, instead the accumulation of points is paused for a period. Restoration and repair for poor behaviour can begin immediately under the current program than waiting for determinations at weekly review meetings. Rewards and vouchers are broader and negotiated with young people to be more meaningful including gifts to family, store vouchers that can be redeemed post release and for off property activities such as go carting. There is an appeal process for young people if they disagree with decisions.

(b) given proper effect by Officials?

48.2. To the best of my knowledge, Yes.

49. *What was the Behaviour Development Review Committee?*

49.1. This was a committee that was formed in 2001 when the previous BDS was first introduced. It no longer operates.

49.2. Annexure 9 is the behaviour development review group meeting notes from 2001.

(a) What was its membership?

49.3. See Annexure 9.

(b) What was its function?

49.4. See Annexure 9.

(c) What role did you play in the work of the Committee?

49.5. It ceased before my commencement in the role.

(d) How was the work of the Committee regarded by Centre management?

49.6. I do not have specific knowledge of this and therefore am unable to answer this.

49.7. The BDS was revised in 2021 to the new Behaviour Development Program (BDP). A new term of reference was also drafted to replace the CST to Weekly Review Meeting and daily incentive plan. These documents were revised by a combination of AYDC managers, operational staff, members of Ashley team Support, the AYDC School and young people. The revised program was piloted and the procedure and RWM Terms of reference finalised in June 2022.

49.8. Annexure 10 is the AYDC Daily Incentives Template.

49.9. Annexure 11 is the Behaviour Development Program Procedure.

50. *What is the 'blue' system? Is it presently in use? In what circumstances has it been used in the past? Do you know when it has been in operation?*

50.1. I understand that the blue system/program was an individualised behavioural management program that used isolation and unit bound restrictions. I have heard it being used to describe the response to the 13 December 2019 standoff. It is not in present use.

51. *During the course of your work at Ashley Youth Detention Centre, what was the role of the Multi-Disciplinary Team (MDT)? What was the extent of your role/interactions with the MDT? Do you consider that the MDT operated in an effective manner?*

51.1. The role of the MDT is to provide clinical assessment, review, case planning and referral of the complex needs of young people in custody.

51.2. I do not have a direct role with this team.

51.3. Previous MDT meetings consisted of predominantly operational staff with limited representation from members of the Professional Services Team or external stakeholders. Due to this, operational pressures dominated decision making and appear to have “trumped” the therapeutic needs of young people. Minutes were also brief and lacked accountability for actions.

51.4. The terms of reference and minute template for this forum was reviewed in 2021, discussion and minuting reflecting a signs of safety strengths, rather than deficits approach. Representation at MDT is now broader and it is well attended by staff from the School, health and youth justice.

52. *During the course of your work at Ashley Youth Detention Centre, what was the role of the Centre Support Team (CST)? What was the extent of your role/interactions with the CST? Do you consider that the CST operated in an effective manner?*

52.1. The purpose of CST was to determine weekly colours for young people based on the number of points gained on the BDP, consider matters pertaining to recorded incidents, minor incidents, detention offences, unit placement and requests from young people. The Terms of Reference of the Centre Support Team are annexed at Annexure 3.

52.2. I do not have a role in CST. I do not consider that the CST worked as effectively as it could/should have because of the dominance of some staff and what was seen as therapeutic interventions competing with operational pressures. Documentation relating to decisions and actions were also poorly or not recorded at all.

53. *How would you respond to the suggestion that the CST operates, or has previously operated, in a manner that is punitive and which does not pay appropriate regard to the views expressed by the MDT?*

53.1. I would concur with this as a past point in time however also believe that there may have been limited understanding from some staff in the professional services team of the operational pressures staff were working under perpetuating the pattern of reactive and punitive responses some staff had resorted to. Previously, there was no authorising environment to change this.

54. *What is your understanding of the circumstances in which Officials are required to make a formal record of or report an incident involving detainee behaviour?*

54.1. These are incidents or behaviours that constitute either a minor incident or detention offence.

55. *How are such records and reports made? Where are they stored?*

55.1. These were previously handwritten records and stored on resident files. These records are now part of Ashley Incident Management System and electronically recorded and centralised. This data base is used to draw reports from about types of incidents and incident details.

56. *What training do staff receive in how to assess, make, receive, and act upon such records and reports?*

56.1. This training forms part of report writing during induction and periodically during refresher training. The reporting of incidents is templated and easy to follow.

57. *Did you ever receive reports or information from other Officials or from detainees about behaviour by a detainee, or detainees, towards another detainee which involved physical violence or sexually inappropriate behaviour, including the use of sexually suggestive language? If yes, provide details.*

57.1. Yes. All incidents between detainees are recorded in the Ashley Incident Management System. These matters are managed within the centre through RWM and MDT meetings and minutes recorded of actions, referral to specialist services/ARL/Tasmania Police etc. More serious incidents are directly reported to me by the on call or centre manager. The Assistant Manager conducts a full review of these incidents and the report, statements, CCTV footage and recommendations are provided to me for quality assurance and finalisation.

58. *Did you take any action in response to what was reported to you? If yes, provide details of the actions you took. If no, explain why you took no action.*

58.1. Yes. All serious incidents of physical or sexual assault are briefed by me to the Deputy Secretary and Secretary.

58.2. When I receive the incident review, I ensure that I am satisfied the incident has been appropriately managed and if not already, recommendations have been made and operationalised to prevent recurrence before I finalise the report.

58.3. I cross reference incident reviews against the incident report, RWM Minutes and monthly search/ restraint/use of force registers to ensure information is accurately and consistently recorded.

INCIDENT ON ■ AUGUST 2019

59. *The Commission is aware that an incident occurred on ■ August 2019 where detainee Henry Henry was harmed by two other detainees Finn ■ and Albert ■ at Ashley Youth*

Detention Centre. This incident occurred after Henry [REDACTED] was placed in the Franklin Unit in contravention of his Care Plan. It was later investigated by SERT.

(a) Please review Annexure E: TDCT.0004.0025.0011. What information did you receive when you received this memorandum from Mr Ryan for provision to the Secretary? The briefing highlights differing views between the Manager, Professional Services and Policy, Madeleine Gardiner (who described the incident as an assault) and the description by the author of the report (who described the incident as 'wrestling and/or adolescent behaviour, or as unwanted attention'). Did you conduct any investigation or seek any further information before approving the briefing?

59.1. At this time, I was acting in the role of Deputy Secretary. I received an Information Briefing (IB) about the incident via the then Director of Strategic Youth Services, [REDACTED]. The IB was authored by Mr Patrick Ryan and detailed the incident as described above. In the content of the IB, Mr Ryan stated that He held on to his track pants and was able to keep them up. The IB also informed that the CCTV footage had been viewed by himself and the then Director, Youth and Family Violence Services, [REDACTED], who had cleared the IB to me. As the matter had been referred to Tas Police, the ARL and the young persons attempting to perpetrate the assault were referred to the psychologist regarding their behaviours, I endorsed the briefing and had no reason to doubt the content. I did not conduct further investigation about this matter.

59.2. Once information to the contrary came to light, I sought to have a SERT review the incident and present a summary of findings. The review was finalised in March 2020.

(b) Please review Annexure F: TDCT.0004.0025.0013 and TDCT.0004.0025.0014. What action did you take in response to this email and memo regarding concerns about Ashley Youth Detention Centre?

59.3. The issue raised by Alysha [REDACTED] with the SERT reviewer about alleged sexually disparaging comments made by Mr Ryan, had already been raised and was being investigated by the then Manager of HR, Claudia [REDACTED]. I am unable to comment about this process as I had no carriage or involvement in the investigation. The alleged incident occurred prior to my commencement in my role.

59.4. I did undertake a mediation/facilitated conversation with Maude [REDACTED] and Alysha [REDACTED] to address the bullying behaviour allegations towards Alysha [REDACTED]. I believe that previous conversations had occurred between Mr Ryan and the parties about individual incidents, but there did not appear to be any resolution to these. I sought to engage this process rather than a formal grievance as when I asked the outcome Alysha [REDACTED] was seeking from Maude [REDACTED], her response was for a better working relationship and for Maude [REDACTED] to stop the behaviour and understand the impact her behaviours had upon her. Alysha [REDACTED], in her role as Clinical Practice Consultant Support Officer, would be providing supervision to Maude [REDACTED] and other Operations Coordinators. I saw the resolution of these issues through mediation as an opportunity to lead by example the cultural change needed between the operational and professional services staff.

59.5. The concerns raised about **Lester** had also previously been reported by **Alysha** and had been immediately referred to People and Culture. **Alysha** was aware of this and that she would not be updated about this matter further.

59.6. The concerns about non-consensual sexual activity occurring between residents (**M**) had previously been investigated. The particulars as reported by **Alysha** were not consistent with the findings of the review.

59.7. The alleged strip search of **Max** by **Lester** was investigated and it was found that **Lester** had not acted inappropriately.

*(c) In particular, what action did you take in relation to the serious allegations of poor workplace culture relating to each of Mr Ryan, **Lester** and **Maude** ?*

59.8. The issues of poor behaviour and workplace culture were addressed with **Maude** and resulted in the mediation.

59.9. I was having ongoing conversations with Mr Ryan about these issues in my supervision sessions with him and increasing the time I was physically on site at the centre.

59.10. Mr Ryan undertook to speak with **Lester** about his behaviours and conduct as his line manager.

59.11. The workplace culture concerns were included in the terms of reference for the 13 December 2019 external investigation.

59.12. The **Maude** bullying behaviours was actioned by myself as described above. (59.4)

*(d) What action did you take in relation to the allegations of sexual abuse made in relation to **Lester** ?*

59.13. Once advised of these concerns by **Alysha** on 9 January 2020, I immediately referred this information to the Executive Director in People and Culture. I had no further carriage of the matter and am unable to comment about how this then was managed.

(e) Please review Annexure G: TDCT.0002.0011.0051. What action has been taken to respond to the report and, in particular, to implement the recommendations made at pages 34-35?

59.14. These recommendations were actioned and progress against them updated by me on an ongoing basis. A policy review working group was established, led by a Senior Policy Officer, to revise all AYDC policies and procedures. As procedures were finalised they were electronically replaced in the Practice Manual. Training specific to Mandatory reporting, case note and record keeping, BDP and Very Close Supervision was updated and delivered with staff and incorporated into induction for new workers. Case management procedures are under review and are work in progress. My expectation is that this review will be completed by end 2022. This has been a lengthy and comprehensive process.

- 59.15. Unit movement is now determined by the Weekly Review Meeting (previously CST) and an additional risk assessment process (RAPT) has been implemented where there are concerns about safety. Annexure 12 is the Risk Assessment Process Team Terms Of Reference. Annexure 13 is the Risk Assessment Process Team Practice Advice) . Any after hours movements require approval from the on-call manager.
- 59.16. Mandatory reporting procedure and training has been updated and contacting the ARL is the understood process for meeting this requirement.
- 59.17. The recording of case notes and incident is now electronic and centralised. With staff training and support, details are more comprehensive.
- 59.18. The implementation of a new Practice Framework and Learning and Development Framework provides staff with the principles and tools needed to understand and respond to young people in a trauma informed way.
- 59.19. Review and reclassification of key positions that support operational roles have occurred to ensure policy development, training and supervision is contemporary and delivered by staff who are suitably skilled and qualified.
- 59.20. Centralised and rolling recruitment processes coordinated through the People and Culture Team has improved continuity of processes and increased the rate and efficiency of recruitment processes.
- 59.21. The change in leadership and significant focus on workplace behaviours including piloting the Agency workshops of “living the Agency values” has helped to reshape the previous workplace culture and behaviours. The appointment of an onsite People and Culture Senior Business Partner has also assisted staff in proactively managing complaints and addressing conflict and concerns.
- (f) Please review Annexure H: DCT.0004.0017.0100 and Annexure I: DCT.0004.0017.4816. What was the reason for the delay in action in relation to the recommendations made by SERT until December 2020? Did the establishment of the Commission of Inquiry and/or meeting with the Commissioner for Children prompt your email to Mr Watson?*
- 59.22. The SERT review was not commissioned until Dec 2019 and final report completed in March 2020. Many of the 17 recommendations were interdependent, large in scale, they were not able to be finalised quickly. Policy and Procedure review, the move to electronic case notes, incident Management reporting, the reclassification and appointment to new positions, a new Practice and Learning and Development Framework were all work in progress requiring consultation, alongside a complete change in leadership and shift in culture. I monitored and updated progress against the recommendations on a spreadsheet. Once these recommendations had momentum towards completion, Mr Watson was able to draw on these updates and finalise the response in June 2021.
- 59.23. The Commissioner for Children was a prompt to bringing the progress updates against the 17 recommendations from the SERT review to finalisation. This work had been steadily progressing over the 16 month period.

(g) Please review Annexure J: DCT.0004.0021.0473 and DCT.0004.0021.0474. Is the time taken to respond to the review in this matter acceptable in your view? Please give reasons for your answer.

59.24. As above, many of these recommendations required significant time to implement, resourcing and sequencing, they could not be done piecemeal. E.g. The review of some policies and procedures had a direct impact on others and subsequently, training content and supervision to then ensure implementation was occurring. It was prudent to review all, not just some operating procedures and policies, to ensure they did not contradict. The recommendation from this review provided the basis for much of the reform that has taken place in AYDC which could not have been implemented without proper consideration and consultation.

60. Do you consider that an incident such as the one involving Henry would be managed differently in 2022? Please give reasons for your answer.

60.1. Yes. I understand the decision to place Henry into this unit was not properly considered or risk assessed. Such a decision would now be subject to a risk assessment and be more scrutinised by the members of the WRM with reasons for the decision more detailed within the minutes.

60.2. There is now a consistent understanding of mandatory reporting which appeared to be differently interpreted by some senior staff in the assessment of this matter.

60.3. Post management of this incident would be different with more comprehensive, centralised, electronic notes and witness statements that are quality assured by the Operations Coordinator and reviewed by the Assistant Manager before being forward to the Manager and Director. The Ashley Incident Management System was not in place at the time that this incident occurred. This would include review of CCTV footage. There would not be the ability to conceal or minimise information.

60.4. The intimidating behaviours of the two residents in this unit was also not addressed and appropriately managed either before or post this incident. There is more accountability under the present Behaviour Development Program and support from Managers and Practitioners to support operational staff to enforce boundaries and reinforce pro social behaviours. A Risk Assessment Process Team (RAPT) would also be convened to provide recommendations, practical support and advice in managing risk moving forward.

60.5. Although the governance of AYDC is still hierarchal, it is much more collaborative and multi-disciplinary. The level of reporting and transparency in decision making is significantly more and accountable which could not conceal, misrepresent or mask events.

INCIDENT ON 13 DECEMBER 2019

61. The Commission is aware that a serious incident took place at Ashley Youth Detention Centre on 13 December 2019 which included a number of detainees gaining access to a roof area and remaining for a prolonged period of time. Please review Annexure K: TDCT.0004.0018.0691, TDCT.0004.0018.0692 and TDCT.0004.0018.0693 and Annexure L: TDCT.0004.0023.0095.

(a) When did you first become aware of the incident?

61.1. 1.32pm on Friday when Mr Ryan sent me an email titled Unfolding Major Incident. The email from Patrick Ryan is annexed at 15.

(b) What concerns did you have once you became aware of it?

61.2. Initially no concerns. Mr Ryan kept me updated and sent me a concluding email at 4.36pm describing the resolution indicating that the situation had resolved without injury, residents and staff settled. This email is contained in Annexure 15.

(c) Why did you recommend an independent investigation?

61.3. The On Call Manager contacted me on the 17th December advising that she had been asked to retrospectively sign isolation forms for young people over the 13-16 December period. She had not been contacted during this period to discuss this and refused to sign them. I subsequently asked questions of Mr Ryan about post incident management of the young people involved and was not satisfied with the detail provided and what appeared to be a lack of compliance with procedure. Annexure 16 is an email of 13th December 2019 request for information, roof incidents.

61.4. I spoke with several staff who were uncomfortable with progressing paperwork and questioning the directions from Senior staff to complete documents. A statement was provided to me by [REDACTED]. Annexure 17 is the statement I received from [REDACTED]. Emails were forwarded to me by Maude [REDACTED]. That email is located at Annexure 18.

61.5. I sought an independent investigation given these concerns and the potential number of staff who would be required to provide information to clarify conflicting versions of events.

(d) What were the "further allegations" which were to be followed up by you outside of the independent investigation (see page 2 of TDCT.0004.0018.0693)? What action did you take on those further allegations?

61.6. The further allegations were the conduct of Maude [REDACTED] towards Alysha [REDACTED] which was addressed by agreed mediation and referenced earlier in this statement.

61.7. Additional concerns were those raised by Alysha [REDACTED] about Lester [REDACTED] which were immediately referred to People and Culture to progress.

62. *Please review Annexure M: TDCT.0004.0018.0581. Did you take any steps to follow up Ms Atkins' concerns described in paragraph 20 of the document?*

62.1. Yes, I met with Ms Atkins and spoke with her about her concerns and to clarify my own understanding of events. Ms Atkins was the primary trigger for my reason to question more deeply the management of the incident and verify all forthcoming information from Mr Ryan and Lester [REDACTED] thereafter.

63. *Please review Annexure N: TDCT.0004.0018.0402.*

(a) What role did you play in the investigation?

- 63.1. My role was to brief the Deputy Secretary and Secretary seeking approval to appoint an independent investigator to assess concerns leading up to and post the December 13 incident at ADC.
- 63.2. I provided information about my involvement and sourced relevant materials that the investigator requested.
- 63.3. I encouraged staff to cooperate with the investigator and not be afraid to tell the truth.

(b) What are your reflections on the findings of the investigation?

- 63.4. It took a protracted *period* for the review to be completed. Once finalised, a copy was not provided to me by the Deputy Secretary (Ms Mandy Clarke) until 19 May 2021. At that stage, many of the issues and considerations identified in the report had been addressed or were work in progress as previous recommendations in SERT reviews under new management. My strongest reflection is the complete lack of ownership by either Mr Ryan or **Lester** for their behaviour and role in directing this incident and availability over the weekend there after. There appeared no insight into the impact of isolation on the young people and the messaging to staff that this was an approved behaviour management strategy.

(c) What action did you take in response to the findings, including with regarding to knowledge of isolation requirements?

No specific action, given, as responded above, there has been ongoing continuous improvements throughout AYDC which have been embraced by staff and new managers; changes to incident reporting and review, changes to leadership and collaboration across teams; clarification of the isolation process and staff supported to work in compliance with policy and procedures. Many of these changes were well advanced by the time that I received the findings, including in respect to isolation.

Did you yourself give directions regarding the preparation of documentation in relation to the isolation of detainees?

- 63.5. No, not in the preparation of documents. I did seek from Mr Ryan on multiple occasions the actual documents relating to this incident including those used for authorising isolation. I knew they were incomplete based on Ms Atkins refusal to endorse them. Mr Ryan seemed reluctant to provide them to me when asked. The delay in providing the documents was further protracted by the commencement of Mr Ryan's personal leave. **Lester** eventually forwarded these to me by email on the 17th January 2020, over a month post the incident.
- 63.6. At no stage did I expect or direct any staff member to have these documents signed. When I received the emailed documents from **Lester**, the original unsigned hard copy documents had already been provided to me by **Maude**. These documents were provided to the external investigator.

64. Do you consider that an incident such as the one occurring on 13 December 2019 would be managed differently in 2022? Please give reasons for your answer.

- 64.1. Yes, The Centre Manager would not be directly involved. Emergency management incident should be led by the Chief Warden.
- 64.2. All staff including managers are now informed about use of force/isolation procedures and delegations and would adhere to seeking appropriate authorisations on an as need basis described in the procedure.
- 64.3. Incident Reporting is now electronic and centralised requiring more timely and comprehensive details with multiple review delegations. This requires a higher level of transparency and accountability for detailed information and actions.
- 64.4. The use of the Blue Program and Unit Bound has been resolved. It does not exist and is not approved.

INCIDENT INVOLVING Ray

65. The Commission is aware of allegations that, following an incident on 13 December 2019, and contrary to recommendations made in the MDT meeting held on [REDACTED] 2019 relating to concerns for his safety, Ray [REDACTED] was placed in the Franklin Unit. Further, the Commission is aware of allegations that a request was made for the management of Ray [REDACTED] to be referred to a Senior Quality and Practice Advisor (SQPA), rather than being managed by the MDT. The Commission is also aware of allegations that Ray [REDACTED] was harmed on or around [REDACTED] 2020 after being placed in the Franklin Unit, that he did not receive medical attention for a potential head injury and that the police should have been notified but were not.

(a) Please review the email exchanges between you and Alysha [REDACTED] contained in **Annexure O: DCT.0004.0008.4606**, **Annexure P: DCT.0004.0016.0684** and **Annexure Q: DCT.0004.0016.0692**. What steps did you take in response to the information Alysha [REDACTED] provided to you in response to both the safety of Ray [REDACTED] and the concerns expressed in relation to the Franklin Unit?

- 65.1. I sought from Mr Ryan an Information Briefing (IB) about the management of R. I also sought from Alysha [REDACTED] and [REDACTED] clear strategies and recommendations in the management of R that would immediately assist Youth Workers in managing R's behaviours and needs. R was moved from the Franklin unit after the assault occurred and a management plan was implemented to stabilise his behaviour and medication.
- 65.2. In speaking with Mr Ryan about the concerns, he advised that there was limited capacity of the operations staff to manage R's complex behaviours in line with the expectations of Professional Services. The initial briefing provided to me by Mr Ryan appeared to omit key information leading up to the assault occurring on [REDACTED], 2020 and the multiple unit moves prior to the placement of R in the Franklin Unit. To obtain clarity of events leading up to the assault of R and to improve collaboration and communication between the operational and professional services/health staff in the management of R's needs, I asked Alysha [REDACTED] in her capacity as Clinical Practice Consultant Support Officer to draft a term of reference for an independent SQPA review.

65.3. As per the IB, Mr Ryan advised that the psychologist was undertaking a file review of the **Fin** and **A** incidents of sexualised behaviours to determine intervention programs for the two youths. This review would inform further interventions.

65.4. **R** did receive medical intervention and was viewed by the nurse immediately after the assault and received medical treatment for bruising and bleeding. There were no indications of concussion. Due to **R**'s mental health condition and that he was the instigator of this assault and other less serious unprovoked assaults towards detainees, I do not believe the matter was referred to police. Annexure 19 is an email containing annexures of **R**'s medical records.

*(b) Please review **Annexure R**: DCT.0004.0008.5132, DCT.0004.0008.5134 and DCT.0004.0008.5138. Did you consider that Mr Ryan was managing the response to **Albert** and **Finn** appropriately? Please give reasons for your answer.*

65.5. No. Mr Ryan was disregarding advice from staff who were trying to manage **R**'s complex needs and the behaviours of **A** and **Fin**.

*(c) Please review **Annexure S**: DCT.0004.0016.0255. Why did you ask **Alysha** to make the referral to an SQPA, and why did you direct her to do so via Mr Watson rather than Mr Ryan?*

65.6. This function was contained in the statement of duties for the Clinical Practice Consultant Support Officer. Referral for a SQPA review would ordinarily been a recommendation made by the MDT however, the effectiveness of the MDT was part of the problem in negotiating and implementing agreed interventions. Mr Ryan was aware and endorsed the need for an independent SQPA review to clarify direction in managing **R**'s complexity and addressing the adverse dynamic between operational/professional/health services.

65.7. Once the referral was drafted by **Alysha**, I asked for it to be directed to Mr Watson as Mr Ryan was on personal leave at this time. Mr Watson was acting Manager in his absence.

*(d) Please review **Annexure T**: DCT.0004.0016.3530. Was there any follow up on the SQPA referral after being advised that there was no immediate capacity to assist? What action was ultimately taken with respect to **Ray** and his needs?*

65.8. Given the delay in allocation was for a 2 week period, I did not follow up on the SQPA referral. The review was commenced in January and information gathered and analysed up until it appears March 2020. The review was not however completed due to the SQPA roles being disbanded as part of a Children Youth and Families restructure and the onset of Covid 19 restrictions. The decision to "cease the review as incomplete" was made by the previous Manager of the SERT. I was not advised of this decision. Annexure 20 is an email from me to the SERT team requesting a follow up.

65.9. It appears that upon **R**'s return to Huon Unit his behaviour stabilised alongside changes to his medication regime. **Ra** was eventually transferred to the Tasmania Prison Service and on to the Wilfred Lopez Hospital.

66. Do you consider that an incident such as this would be managed differently in 2022? Please give reasons for your answer.

- 66.1. Yes, given **R**'s vulnerabilities and the MDT recommendations, **R** would not have been repeatedly moved. Instead the focus would have been managing his environment to stabilise his behaviours and reduce escalation. A RAPT would be convened to analyse and guide risk assessment mitigation strategies.
- 66.2. The behaviours of **Al** and **Fin** would also have been differently responded to in supporting staff to call out and address not placate intimidating behaviours. Focus on rewarding positive behaviours when they do occur using the changes within the BDP system would have been used to incentivise change. Improvements to incident management reporting and the quality and detail of information now contained in WRM minutes further safeguard the minimisation of incidents and under reporting of them.

COMPLAINT FROM [REDACTED]

67. Please review **Annexure U: CONF.0001.0003.6244**, which is an email sent to you by [REDACTED] raising a number of concerns about culture and management decisions at Ashley Youth Detention Centre, and a response from you:

(a) Did any of the information provided by [REDACTED] surprise you or differ from the understanding you had previously held about the culture and management at Ashley Youth Detention Centre? Please explain your answer.

67.1. Yes, the information in respect to concerns suggested a long standing, entrenched culture of dominance, poor management and cover up.

(b) At the time you received the email, was work already in progress to address any of the issues which [REDACTED] raised in her email? If so, please give details.

67.2. This email came about on the coat tails of the December 13, 2019 incident. Staff began to realise that I was asking questions and deep diving into practices. I met with a group of staff in the professional services team and afterwards, asked them to individually email me their concerns so that I was clear about issues. This email was received at my request for information not as a form of complaint or grievance.

67.3. Yes, many of the concerns raised by [REDACTED] had been discussed by me with Mr Ryan or had been incorporated into the terms of reference for the independent investigation undertaken by James Cumming. Two previous SERT reviews regarding **Max** [REDACTED] had also been further examined. One of these had been re-activated for completeness and conclusion. [REDACTED] was not likely aware of this. See annexure 21.

(c) What was the 'additional information' that you note you were in 'no doubt' [REDACTED] was aware was coming through to you? How were you aware she would know this information?

67.4. I had previously been at AYDC with **Claudia** [REDACTED], Manager of HR, and spoken with staff in the professional services team about their concerns. Post the group discussion, so that I

was clear of the facts, I had asked staff to individually document their concerns to me by email. This is the “additional information” referenced in my response to [REDACTED].

(d) *What action did you take in response to each of the serious matters raised with you by [REDACTED], including but not limited to the allegations of abuse of Max [REDACTED], poor decision making in relation to Finn [REDACTED] and Albert [REDACTED], bullying behaviours by Maude [REDACTED], cultural issues, and poor incident recording?*

67.5. The issues raised by [REDACTED] had either previously been reviewed and concluded by SERT (M) or were already subject to a SERT review. (Al, Finn re He assault). My response to addressing the bullying behaviours of Maude [REDACTED], cultural issues and poor incident reporting have been detailed throughout this statement.

68. *Do you consider that an incident such as this would be managed differently in 2022? Please give reasons for your answer.*

68.1. Yes. As previously referenced, the culture and associated issues raised by [REDACTED] are not current workplace behaviours or values. Practices are more accountable, staff and young people are supported to speak up about worries or concerns. The presence of the Commissioner for Children and Young People and appointment of a child advocate who is on site most days provides confidential access with young people to raise any concerns.

68.2. Improvements to record keeping, processes and procedures and increased CCTV also make staff more accountable and transparent in their behaviours, actions and decision making.

OTHER ISSUES RAISED BY OR RELATING TO ALYSHA [REDACTED]

69. *The Commission is aware of concerns being expressed by and/on behalf of Alysha [REDACTED] regarding her treatment at Ashley Youth Detention Centre, and about concerns she brought to your attention regarding the treatment of detainees.*

(a) *Please review **Annexure V: DCT.0004.0023.2387**. What action did you take in response to the matters raised with you by Ms Gardiner?*

69.1. My understanding is that these concerns were previously raised by Alysha [REDACTED] and negotiated with her prior to her commencement of work at AYDC. I am told that Alysha [REDACTED] was provided with an office with a lockable door and closed blinds so that she could express milk from her office in privacy. It was also negotiated that she could store express milk in bottles inside a generic container in the small bar fridge in the area outside her office that was used by only a small number of staff working in this area.

69.2. I can recall, in early 2020, Alysha [REDACTED] re-raised these issues with the newly appointed Assistant Manager, Mr Watson, who arranged for a separate small fridge to be placed in Alysha [REDACTED]'s office. I am aware that Alysha [REDACTED] continued to raise her discomfort with these arrangements with Claudia [REDACTED] as part of her grievance against Mr Ryan. I had no direct conversation with Alysha [REDACTED] about these concerns as I believed they were already under resolution.

(b) Please review **Annexure W: DCT.0004.0016.0694**. What action did you take or cause to be taken regarding the concerns **Alysha** raised with you about placement decisions and incident reporting?

69.3. I held discussion with Mr Ryan about placement decisions and the reporting of incidents. Mr Ryan was directed not to disregard recommendations of MDT.

69.4. The placement of vulnerable detainees in the Franklin unit with **Fin** and **Al** was incorporated into the **R** SQPA referral.

69.5. As referenced in 65.3 Mr Ryan advised that he had asked **[REDACTED]** to undertake a file review to compile the incidents of harmful sexual behaviours demonstrated by **Fin** and **Al** and recommend appropriate interventions.

69.6. Mr Watson prioritised the training of staff to use electronic case notes and the completion of Incident reports online. Previous practice had been for incidents reports to be handwritten in hard copy, much of the details were incomplete and inadequate. These changes improved the quality, detail and timeliness of incident reporting and in one centralised location. It also increased accountability of operational staff in reporting and recording information.

69.7. Changes were also made in the CST reporting templates to better reflect discussion and accountability for decisions and actions in moving detainees.

(c) Please review **Annexure X: TDCT.0004.0022.0045**. What action did you take or cause to be taken in response to this serious allegation of historical abuse? Did you give any consideration to whether **Lester** should be stood down? Did you contact the police or the Registrar under the Registration to Work with Vulnerable People Act 2013 (Tas)? Did you make any inquiries into whether he had ever been the subject of past allegations or a past stand down or investigation?

(d) I referred this directly to the Executive Director, People and Culture. **Lester** was a current employee, as such ongoing carriage of the matter, gathering of records, referral to the Registrar and Tasmania Police were functions performed by People and Culture. Updates about the progress of this matter was provided by People and Culture at the Strengthening Safeguards Executive Meeting Group. I did not make any inquiries into whether he had ever been subject of past allegations stand down or investigation. The decision to suspend **Lester** was determined by the Secretary.

(e) Please review **Annexure Y: DCT.0004.0016.0247** and **Annexure Z: DCT.0004.0016.0445**. Why did you consider a mediation to be appropriate in the circumstances? Did you take or cause to be taken any further action in response to **Maude**'s alleged conduct particularly in light of the allegations raised by **[REDACTED]** in relation to **Maude** as referred to above?

69.8. I always try to resolve issues between staff at the lowest possible level before escalating to a formalised grievance. **Alysha** identified that the outcome she sought from **Maude** was the cessation of the bullying behaviour and a better working relationship. During conversation with **Alysha**, she also recognised that the primary function of her

role was the provision of supervision to staff. Working through the issues with **Maude** could potentially influence the engagement of other operational staff to undertake supervision. Both **Maude** and **Alysha** presented to me as motivated to undertake this process. If this had not been the case, if mediation broke down or there was a recurrence in **Maude**'s behaviours, a more formal process would have certainly been undertaken.

70. Do you consider that an incident such as this would be managed differently in 2022? Please give reasons for your answer.

70.1. I would have involved the People and Culture Senior Business Partner to discuss the best approach forward with **Alysha**. This role would also provide ongoing support to **Alysh** during which ever course of action she nominated to take.

MANAGEMENT OF TRANSFERS TO RISDON PRISON

71. Please review the email chain at **Annexure AA: DCT.0004.0009.8313**.

(a) Why did you agree with the decision to transfer **██████████** at the time?

71.1. **██████████** had been discussed as part of the Transfer Assessment Panel (TAP) with the Tasmania Prison Service on two occasions prior to sentencing. It was agreed that he would remain at AYDC until sentenced. Given **██████████**'s age, he was not engaged in education, AYDC also do not provide criminogenic programs. **██████████** was essentially in a holding pattern prior to sentencing, participating in gardening as a therapeutic program with **Stan**. There were concerns noted by both the Psychologist and Clinical Practice Consultant Support Officer pertaining to **██████████** and his younger co offender speaking about the graphic details of their crime and the trauma impact of this upon other young people and staff post sentencing should it recur. Annexure 22 is an email concerning **██████████** and **██████████**. Given these factors, the length of his sentence (25yrs) and the implications for other younger people in AYDC, I supported the direct transfer of **██████████** to the TPS than to protract an inevitable transfer.

(b) What did you consider could have been 'handled better'?

71.2. It was anticipated that **██████████** would receive a lengthy sentence given the gravity of his crime. Given this, his age (**██████████**) and that he would not exit his sentence from AYDC, **██████████**, his family and staff should have been better prepared for a direct transfer to the TPS once sentenced and not an indefinite return to AYDC. Instead, no pre planning of this had occurred.

(c) Why did you consider that no further action was required?

71.3. Within the transfer MOU between the TPS and AYDC, all transfers are reviewed within 14 days of occurring. If there were concerns for **██████████**'s wellbeing, this would have been flagged at the TAP review. It was noted that when this did occur, it is documented by the TPS that **██████████** had settled well and was buddied with another young prisoner.

(d) *What are your reflections on whether the decision to transfer ██████ without notice to him or to Officials represented an appropriate therapeutic response to ██████'s needs at that time?*

71.4. I would certainly have preferred ██████ to have been prepared for transfer from AYDC to the TPS post sentence. The learning from this and in the development of the revised MOU and transfer procedure, is that this will occur with young people, their families and staff as soon as it identified as a likely outcome.

(e) *Did you take any action in response to Stan ██████'s claim that senior managers did not have the knowledge, skill or desire to introduce a therapeutic environment?*

71.5. Stan ██████ had been an employee at AYDC for many years and was part of the command and control regime of previous managers. I am not surprised by his comment and frustration of being unable to work in a more therapeutic manner. I concur with Stan ██████'s comments about some of the previous senior managers however they were very soon either stood down or replaced. This has proven not to be the case under the leadership of new managers. All previous Senior Managers are no longer employed at AYDC.

(f) *Having regard to the later results of the Ashley Youth Detention Centre Discovery Report (Annexure AB: DCT.0004.0011.3684), do you consider with hindsight that the claim should have been investigated?*

71.6. No, given the steps that I have outlined in previous paragraphs, the governance within AYDC was already changing with the replacement of a new Assistant Manager and a review commissioned regarding senior management decisions and practices.

72. *Do you consider that an incident such as this would be managed differently in 2022? Please give reasons for your answer.*

72.1. Yes, earlier conversations with young people, families, staff and stakeholders would occur about the transfer and preparation for this once it became probable post sentence. This is not an automatic decision based on age alone and is discussed routinely as part of the role and assessment agreed by the Transfer Assessment Panel.

INCIDENT ON 6 MARCH 2020

73. *The Commission is aware that a serious incident took place at Ashley Youth Detention Centre on 6 March 2020 which included a number of detainees gaining access to the roof, obtaining items to use as weapons and an alleged assault of a detainee by another detainee. The Commission is also aware of information suggesting you were contacted on the evening of the incident and gave directions about how staff should treat the detainees involved in the incident.*

(a) *When did you first become aware of the incident?*

73.1. I was advised about the incident at approximately 2.35pm on 6th March 2020.

(b) *Who told you about it?*

73.2. Mr Ryan

(c) What action did you take or direct others to take in response to the incident?

73.3. I did not direct the management of this incident but was continuously briefed by telephone and email by Mr Ryan. At 9.04pm, I received an email from Mr Ryan with 11 attachments proposing the management plan for the 6 young people involved in the incident from 7-10 March along with a staffing forecast, BDS and Isolation Procedure attachments. At 9.12pm I received a text indicating Mr Ryan would call me shortly to discuss the plan. At 9.16pm this call occurred. This plan was presented whilst the incident was still playing out under control of police. The plan proposed a combination of rolling isolation and unit bound practices for the proceeding 3 day, long weekend for all of the young people involved in the standoff. I would not support the proposed plan. Annexure 23 is a copy of an email concerning this.

73.4. I did email Mr Ryan at 10.00pm advising consideration to be given to a combination of Very Close Supervision, additional rostered staff and the restrictions of "red status" for the young people involved. I advised him to re-assess the situation the next morning when we were able to ascertain more information. An alternative plan was presented to me at 10.21pm which Mr Ryan sought for me to endorse. I declined doing this, advising Mr Ryan that the expertise for managing the situation lay in the room **Lester**, Manager of Professional Services **[REDACTED]**, on call Manger Fiona Atkins and Assistant Manager Stuart Watson) and that the delegation to initially endorse the plan, lay with himself. Annexure 24 is a copy of an email titled Considerations.

(d) What are your reflections on why that incident occurred and the response to it, including your reflections on how it was managed by senior management at Ashley Youth Detention Centre?

73.5. This incident mirrored many characteristics of the previous stand-off incident on 13 December 2019. It was the commencement of a long weekend, the incident occurred seemingly without trigger and the detainees obtained access to the roof via the Bronte building then accessed the shipping container. The shipping container had not been moved from within the perimeter fence or far enough away from the building roofs as per the previous incident, so that detainees could jump across to it.

73.6. The initial (pre police involvement) and post incident management was commanded by Mr Ryan and **Lester**. The post incident plan that was proposed for the management of the detainees involved in the standoff, mirrored the approach implemented in the December 2019 standoff. This is a combination of pre-empted rolling isolation and individualised unit bound practices. The difference with this proposal is that it was presented to me to endorse. Annexure 25 is an email about the disturbance. Annexure 26 is another email about it on 6 March 2020.

(e) Were policies and procedures appropriately followed, in your view, during the incident and afterwards? Please explain your answer.

73.7. No. the emergency management procedure for AYDC was not followed during the incident by Mr Ryan. The isolation procedure, however, was followed the next day and

days thereafter, in managing the situation. Decisions to isolate detainees were based on immediate risk and safety assessment.

(f) In particular, do you consider that policies in relation to the use of isolation were appropriately followed? Please give reasons for your answer.

73.8. Yes, to the best of my knowledge. The following day as information came to light, where isolation was required be used or extended, it was assessed based on immediate risk and safety and authorised by the on-call manager and myself if extensions were required beyond 3 hrs.

74. Did you have any concerns about the way in which the incident and its aftermath was managed? Please give reasons for your answer.

74.1. Yes, neither the Manager, previous Assistant Manager or Professional Services staff were available or checked in to support the on call manager or Mr Watson the next day or over the weekend. Mr Watson had only recently been appointed into the Assistant manager role in mid-January.

74.2. Inadequate debriefing for staff post the incident.

75. Did you recommend an independent investigation? If not, why not? What features distinguished this event from the event of 13 December 2019 referred to above.

75.1. Yes, I repeatedly asked for this matter to be reviewed, however the first incident investigation had not concluded, and I believe there was indecision by the Deputy Secretary and Executive Director, People and Culture, about the best way to review the second incident. (i.e., Wait for the conclusion of the first review, integrate it with the first review which was still underway, or separate and conduct an independent review). There was considerable delay in finalising the initial review due to the incapacity of Mr Ryan who was incapacitated on workers compensation.

75.2. The second incident involved the detainee's breaching the bars of the shipping container and accessing woodwork equipment and power tools that was used as weapons. The detainees also breached the ceiling cavity in one unit block and pulled up a further two detainees into the roof, making the group larger and more volatile. There was a real safety threat to staff and other residents due to the volatility and number of detainees involved. This incident was also handed over to police to negotiate and not managed by AYDC staff.

76. Are you aware of concerns being expressed by others about how the incident was managed by you, including your alleged direction that there should be a 'reset day'? Please give details.

76.1. Yes. I am aware of a complaint being made by [REDACTED] in respect to the management of the incident. I do not know specific details.

76.2. I do not know if the complaint included an alleged direction given by me in respect to a reset day.

76.3. In respect to reset day, I have attached an email that I sent to Mr Ryan at 10.02pm on the date of the incident on 6 March 2020. See Annexure 24.

77. *Do you consider that an incident of this kind would be managed differently in 2022? Please give reasons for your answer.*

77.1. Yes, there would be more collaboration between Ashley Team Support and Operational staff about supporting both staff and residents post the incident.

77.2. The Centre Manager would be removed from commanding and directing the response and instead have a support role. Plans to manage the situation using unit bound practices would also not be forecast for days in advance. Isolation would be authorised based on immediate risk and safety assessment and in line with the isolation procedure.

78. *Please review **Annexure AB: DCT.0004.0011.3684. The Ashley Youth Detention Centre Discovery Report (Report)** contains a large number of significant findings about the culture and knowledge base of staff at Ashley Youth Detention Centre.*

(a) Did the findings surprise you? Please explain your answer.

78.1. No, I found the findings confirming.

(b) Did the findings concern you? Please explain your answer.

78.2. Yes, the extent of work required to change practice and culture was extensive.

(c) What action did you take on first receiving the Report?

78.3. The opportunity to appoint new staff into the centre dedicated to support strategic and systemic change to guide changes in practice.

78.4. Engagement of support from Department of Communities People and Culture to support changes to HR and IR issues.

78.5. Improving documentation and reporting of information/training of staff/to increase accountability and strengthen safeguards.

(d) What actions have been taken since April 2020 to address the issues identified in the Report?

78.6. See responses to Q59.14-Q59.21

(e) What are your reflections on why, as at April 2020, the culture at Ashley Youth Detention Centre was as the Report describes?

78.7. This was shortly after 2 significant disturbances at AYDC and the commencement of a large scale investigation questioning the decision making, management and practice of many staff. It was also at a point where staff shortages were common place and staff were burnt out and disempowered.

- (f) *What are your reflections on why, as at April 2020, there was such a poor level of knowledge and implementation of a therapeutic model of practice amongst Ashley Youth Detention Centre Officials?*
- (g) As previously stated, the Ashely + Approach was a mixture of multiple models and tools that were not accepted, understood or applied by all staff across the centre. There was also no person delivering training on how to apply these models and tools.
- (h) *What do you consider would be the outcome of a similar report as at July 2022? Please give reasons for your answer.*

78.8. I would expect more staff would be able to articulate at the least, a common understanding of what trauma is and how to de-escalate and work in a more relational way with young people who have experienced trauma. I believe most staff would feel supported in working in a more multi-disciplinary style in discussing and resolving the complexities they are faced with. I think many staff would still feel that sufficient training and time for quality supervision remains a gap that has not been addressed.

79. Please review **Annexure AC: DCT.0004.0011.3683:**

- (a) *Given its contents and its implications for wellbeing and morale of Officials at Ashley Youth Detention Centre, why did you consider the Report should not be widely disseminated?*
- (a) The report was not intended to be widely disseminated to all staff, it was commissioned to provide information and recommendations for a way forward to develop a fit for purpose practice model.
- (b) *What was the change in leadership and decision making to which you were referring? Why was that relevant to whether the Report should be disseminated?*

79.1. In the absence of Mr Ryan and **Lester**, Mr Watson and Ms Fiona Atkins were acting in the Manager and Assistant Manager roles, this was the change in leadership and decision making referred to. At the time this report was finalised in May 2020, there had already been a number of positive changes within the centre that I did not want to see compromised.

- (c) *If the report itself was not to be distributed to all participating Officials, what steps were taken to inform Officials of the results of the Report and of the actions that would be taken in response?*

79.2. The appointment of a Project Manager and Practice Manager to lead consultation to develop a new bespoke Practice Framework and Learning and Development Framework for AYDC were recommendations from the ACF discovery Phase report that were notified to staff. Staff were further notified upon the commencement of these roles and fully engaged in the consultation process to develop these frameworks.

- (d) *Did you meet with Officials in response to or as a result of the Report? If so, please give details of those meetings and any actions arising from them*

79.3. I met with Senior Managers from AYDC in respect to the report. Briefings were provided to Executive regarding the report and the approval to use some of the AYDC redevelopment funds to fund the 2fte dedicated to progress the development and implementation of the Practice and Learning and Development Frameworks.

79.4. Once the positions were filled, both the Project and Practice Manager had multiple meetings and workshops with staff and stakeholders to consult about the requirements of the frameworks.

80. Please review **Annexure AD**: TDCT.0004.0018.0356, TDCT.0004.0018.0683 and TDCT.0004.0018.0720.

(a) What role did you have in the preparation of these documents?

80.1. My role was provision of information and verification of information provided by others to ensure accuracy.

(b) How did you satisfy yourself of their accuracy?

80.2 People and Culture were responsible for drafting the documents. When sent to me I checked relevant parts of each document to verify accuracy. E.g. I spoke with Primary Health Staff to determine past and current practices in relation to the administering and application of scabies creams and deep heat. Based on information provided to me and the documents that I checked, I was satisfied that the information prepared by people and culture was accurate.

(c) Given the findings in the Report, do you consider that these documents are accurate in their denial of allegations about practices at Ashley Youth Detention Centre? Please explain your answer.

(d) To the extent that I cross referenced information as described in the paragraph 80.1 above, I remain satisfied that this information was accurate, as explained in the paragraph above.

(e) As at December 2020 and December 2021 how many staff were or had been on leave because of alleged bullying and/or poor mental health?

80.2. 5 Staff had claims for psychological injury in Dec 2020.

80.3. 9 staff had claims for psychological injury in December 2021.

(f) As at December 2020 what were the two matters under formal investigation which had not been able to be progressed?

80.4. I believe these both may be matters relating to Mr Ryan. Due to his incapacitation on workers compensation he could not engage in the investigations.

(g) As at December 2020 had a PIN been issued in relation to modesty gowns for strip searches? What role did you have in responding to that PIN?

80.5. Yes. This was managed by the Acting Manager Stuart Watson. I had an indirect role in responding to this matter, briefing the Deputy Secretary and Secretary of the issue and actions taken by the Centre manager to resolve it. Staff reverted to the earlier practices until additional training was immediately provided.

(h) What were the responses of Ashley Youth Detention Centre and the Department of Communities in relation to the allegations made against Lester [REDACTED]?

80.6. The matter was immediately reported to the Executive Director of People and Culture, Ms Kathy Baker. Additional information provided to me by Alysha [REDACTED] was also immediately forwarded to Ms Baker. I am unable to advise what actions were then taken to further progress enquiries. I am aware Ira [REDACTED] was later interviewed and a statement taken about his disclosures to Alysha [REDACTED] about the allegation.

81. When did you first become aware of any allegations of a historical nature against any Officials who were working at Ashley Youth Detention Centre at the time the allegation was made?

81.1. The first allegation I was made aware of a historic nature was that raised by Alysha [REDACTED] about Lester [REDACTED]. This was on January 9, 2020.

82. What action did you take when you first learned of the allegations?

82.1. As this involved a current employee the matter was immediately referred to the People and Culture Executive Director, Ms Kathy Baker.

83. Did any Officials continue to work at Ashley Youth Detention Centre after they were the subject of allegations of a historical nature? If so, who authorised that to occur?

83.1. To my knowledge, only one employee. This employee was temporarily redeployed into the Professional Services Team with no direct contact with detainees whilst further information could be obtained to better identify the alleged perpetrator in the redress claim. The name and description provided of the youth worker did not correlate with employment records or descriptions of a possible youth worker so this action was taken as a precaution. This was authorised by the Strengthening Safeguards Executive Working Group that met fortnightly to update actions against historic allegation claims involving current staff. I was a member on this group.

84. Please review Annexure AE: TDCT.0004.0018.0102:

(a) When and how did you learn of the allegations against Walter [REDACTED]? What if any action did you take or cause to be taken when you learned of those allegations?

84.1. I was asked to seek clarification about a range of names of staff that may have been involved in the supervision of young people detained at AYDC and implicated in a civil claim. The information provided was recalled from memory by Ms Fiona Atkins. This was how I learnt about the allegations against Walter [REDACTED]. All information provided to me was forwarded to the legal officer and Executive Director Kathy Baker.

(b) What did you mean by the 'strange places' in which information had been filed at Ashley Youth Detention Centre?

84.2. Records at AYDC were hard copy, not electronic so were stored in a range of places and locations. In cabinets, stored in unmarked boxes, archived and retained in different departments over time. What is now considered a record may also not have been previously considered so photographs, maps and rosters were incidentally located in random places, sometimes not known to current staff and discovered incidentally.

(c) Are you satisfied that all relevant records regarding allegations of child sexual abuse have been located and/or are available if required? Please give reasons for your answer.

84.3. Yes. Additional resources were allocated to resource records staff and equipment to scan and categorise AYDC records. This occurred over several visits where records previously located in individual offices and storage rooms were electronically scanned and secured. To my knowledge, there are no known records that have not been electronically scanned or categorised and securely stored off site to be scanned.

(d) You describe a 'trusted' manager at Ashley Youth Detention Centre. Were there Officials at Ashley Youth Detention Centre that you did not trust?

84.4. There are officials at AYDC that I have less contact with than others. It is not that I do not trust them, I don't know them well. I was very mindful of confidentiality and managing such sensitive enquiries discretely.

85. How were decisions made to stand down those Officials who were stood down in November 2020? Do you consider those stand downs occurred in a timely manner?

85.1. The decision to stand staff down was made by the Secretary. Prior to that decision being made, a meeting of executives from CYS and People and Culture convened to review the information gathered about the historic allegations. I do not think these stand downs occurred in a timely manner.

86. How were decisions made to stand down further Officials in 2021 and 2022? Do you consider those stand downs occurred in a timely manner?

86.1. Preliminary investigations of records were undertaken by People and Culture and the decision to stand down was determined by the Secretary. I consider these stand downs were made in a more timely manner.

87. In relation to each Official who has been stood down for reasons of allegations of a historical nature against them:

(a) What is the present status of the investigation into them?

87.1. This information is retained and governed by People and Culture, I am intermittently appraised of updates.

(b) What role if any are you playing in those investigations?

87.2. I do not have an investigative role in these matters but am kept apprised on their progress and next steps in order to manage any operational implications.

(c) *When is it anticipated that the investigation will be concluded?*

87.3. As above, I am unable to comment.

88. *Are there any Officials currently working at Ashley Youth Detention Centre who are the subject of any allegation of a historical nature? If so, why have they not been stood down?*

88.1. No, not to my knowledge.

89. *Has the Department of Communities completed the analysis of the Tasmania Abuse in State Care ex gratia scheme including claims related to current employees referred to in the Issues Briefing cleared through you in February 2021 (Annexure AF: DCT.0004.0018.5663)? Please attach this analysis and any outcomes from it.*

89.1. This work was undertaken by staff in the DCT legal team. I believe it has been completed but cannot make further comment about the process or analysis findings.

90. *The Commission is aware of a sexual incident involving Margaret ██████ in around ██████ 2019. Please review the attached CARDI Conversation Summary Report, dated ██████ 2019 (Annexure AG: TDCT.0004.0009.0158, Annexure AH: DCT.0004.0002.8639 and Annexure AI: DCT.0004.0002.8892):*

(a) *What role did you have in investigating or responding to that incident?*

90.1. I had no role and had not commenced in my position at this time.

(b) *Do you consider that the MDT and the Centre responded appropriately to concerns arising from the incident?*

90.2. No. There was insufficient risk assessment and analysis of information in determining the reason for conducting the out of hours program; the suitability of running this in the Unit Margaret ██████ was residing; or the risk involved to the young people, particularly Margaret ██████ and her known vulnerability; there appears no identified mitigation strategies identified to reduce risks.

90.3. MDT minutes and signs of safety mapping after the incident appear to be incomplete and deficient in addressing Margaret ██████'s needs. Members present at MDT from professional services, had knowledge of her past trauma but this is not reflected in discussion post the incident to ensure steps were taken to build safety, individually support Margaret ██████ with counselling or build safety goals.

(c) *Should police have been notified in relation to that incident?*

(d) Yes, given the past sexual trauma Margaret ██████ had endured, I think this matter should have been referred to police, at the very least, for information purposes.

(e) *Do you consider the incident was sufficiently and appropriately investigated, having regard to any vulnerabilities of Margaret ██████?*

(f) No, the investigation was limited and incomplete.

(g) Do you consider that the incident and the response was appropriately documented in accordance with applicable policies?

90.4. No, the information appears lacking in responses from the other detainees involved and in detail regarding post incident supports to **Margaret**. The reporting of the incident to statutory bodies was also not timely or as formalised as it should have been. This has since been systemically rectified with the Custodial Inspector and Commissioner for Children and Young People.

(h) What are your reflections on what could have been done better or differently to protect **Margaret**?

90.5. Clarity about the need and motivation for the program and intended outcomes?

90.6. Engagement with professional services to understand **Margaret**'s and potentially other young people's risks and triggers.

90.7. Assessment of risk and determination of best location to undertake mix gender, larger group activities.

90.8. Risk mitigation strategies i.e. increased staffing and/or very close supervision of **Margaret** during the program.

90.9. Immediate individual counselling with **Margaret** post incident to ensure she felt supported, validated and safe regardless of her provision of consent.

Nadia AND **Frank**

91. The Commission is aware of allegations that an Ashley Youth Detention Centre youth worker, **Nadia** engaged in sexual misconduct and failed to maintain professional boundaries in relation to a detainee (**Annexure AJ: DCT.0004.0017.7300**):

(a) With hindsight, do you consider **Nadia** was an appropriate person to be working at Ashley Youth Detention Centre?

91.1. No

(b) What are your reflections on how **Nadia** was able to conceal her behaviour until after **Frank** had left Ashley Youth Detention Centre? Are you confident that there are systems in place to reveal any other cases of sexual misconduct by staff?

91.2. It was observed that **Nadia** and **Frank** had built rapport during the time that **Nadia** worked in the Franklin Unit. **Nadia** did not conceal this.

91.3. AYDC did not have systems in place to examine during recruitment, then monitor and address training gaps through the induction, learning and probation period of new staff. Proper attention was also not given to reinforcing professional boundaries with **Nadia** when correspondence addressed to her from **Frank** was intercepted at AYDC.

91.4. Improvements to training and induction systems and increased CCTV coverage from 75 to 155 cameras have since been implemented across the centre to reduce potential for any staff misconduct.

91.5. Improvements to the testing, recording and feedback of information with new staff and supervisors through the recruitment, induction, training and probation process has been made. This is referenced 91.10.

(c) Why was Nadia not immediately stood down?

91.6. That was a matter for People and Culture who managed the process.

(d) Why was Nadia permitted to resign rather than her employment being terminated?

91.7. I do not know. This matter was managed by People and Culture.

(e) After Nadia resigned, what (if any) further action was taken in relation to her conduct?

91.8. After Nadia resigned, approximately two months later, Frank made a disclosure of sexualised touching by Nadia. I am advised by People and Culture that this information was provided to Tasmania Police, the Registrar for Working with Vulnerable People and a record made of the concerns on Nadia's HR file by People and Culture for future reference should she reapply for work.

(f) Do you consider it was appropriate for the situation to be referred to as one where Frank as grooming Nadia, having regard to their respective roles and powers? Please refer to Annexure AK: DCT.0004.0017.7319 at 7322.

91.9. This is not appropriate. Nadia failed to recognise that her role and authority asserts "power over" vulnerable young people.

(g) What action did you take in light of this case to ensure no further instances of youth workers sexually abusing detainees?

91.10. I instructed the Practice Manager lead a review of this matter to reflect upon the separate stages of the recruitment and training system that needed to be strengthened to detect and address indications of inappropriate behaviours. These recommendations have been adopted but not all are yet implemented in the absence of the appointment of a Trainer. Annexed at 27 is a copy of the ED Review of the matter. Annexure 28 is a copy of the Recommendations of the ED Case Review.

92. 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

92.1. Mr Stuart Watson seeking documents in relation to the Transfer of [REDACTED] and BDS Review/Working groups held. Not discussed beyond this request.

92.2. Ms Jacqui Allen seeking dates attending AYDC to conduct information sessions to staff Q12(m) and seeking clarification about Q89, Q80, Q91.

92.3. [REDACTED], Executive officer to source documents pertaining to Q67, Q69.

92.4. [REDACTED], email request to confirm medical examination of R. Q65

92.5. [REDACTED], provision of Max [REDACTED] SERT reports Q67

92.6. All documents annexed throughout the various parts of this statement.

(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.

92.7. XXXX

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

93.1. No

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

94.1. No

REQUEST FOR DOCUMENTS