



Communities  
& Justice  
Youth Justice

**Youth Justice NSW**

# **Custodial Operating Model**

**Responding to High-risk Behaviour**

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# 1 Purpose

The *Custodial Operating Model - Responding to High-risk Behaviours* outlines the philosophy and service delivery model governing the assessment, management and placement decisions for young people whose behaviour is assessed as High-risk.

The model is based on:

- recommendations from the Ministerial review into the riot at Frank Baxter Youth Justice Centre
- consultation with other Youth Justice (YJ) jurisdictions in Australia and a review of their reform initiatives
- extensive consultation with frontline employees through workshops across NSW
- lessons learned from the interim High Risk Units (HRU) that commenced operation at Cobham and Frank Baxter Youth Justice Centres on 18 November 2019
- consultation with the Department of Education and Justice Health
- consultation with external stakeholders, including the Minister, YJ Reform Delivery Board, Ombudsman and Inspector of Custodial Service

By strengthening elements that are already in place (e.g. classification, Detainee Risk Management Plans) and introducing new functions (e.g. Enhanced Support Unit, High-risk Young Offender Review Panel and High-Risk Units), the new operating model provides a tiered set of responses that can be scaled to meet the needs of individuals.

One of the key features of the new operating model is the development of HRUs in Frank Baxter and Cobham Youth Justice Centres. These units provide the infrastructure, resources and interventions to help young people address their high-risk behaviours and return to mainstream units with increased skills capacity to manage their high-risk behaviour.

This is achieved through:

- Detainee Risk Management Plans (DRMP) developed with young people to clearly outline the goals they need to achieve to exit the HRU
- evidence-based assessments to drive clinical intervention and risk management
- High Risk Management Committee (HRMC) that involve a multi-disciplinary team to monitor young people's progress, co-ordinate services and consider exit recommendations
- weekly schedules developed with young people to outline their appointments and activities based on their educational, health, therapeutic and recreational needs
- minimum standards for contact with case workers and psychologists, which are reviewed weekly
- standardised routines across the four HRUs, with seven hours out-of-room time available each day
- minimum standard for six hours out-of-room time per day, which is reviewed weekly.

The new operating model is supported by a strong governance system (see section 4) that ensures operational practices are evidence based, consistent, transparent and child-centred.

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This includes using a panel external to the operational environment (see section 2.4) to govern entry and exit decisions, building minimum standards into the service system as well as regular reviews on key performance indicators (e.g. minimum out of room time). (see section 4.3).

This process allows YJ to identify potential issues at the earliest opportunity and work with stakeholders to co-design solutions.

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## 2 Custodial Operating Model

The new operating model is based on the following set of principles:

- do no further harm (Armytage, 2017)
- young people are placed in a unit with infrastructure, routines and services that meet their risks and needs
- it encourages progression from High-risk units to mainstream units
- consistency in service delivery
- reduce re-offending
- support seamless transition to the community

Under this model, YJ can scale the level of support based on a young person's behaviour in custody. Responses are "stepped up" to provide additional support when problematic behaviour emerges and "stepped down" when these issues have been addressed through intervention. See Figure 1. (Shearer, 2019, pp. 2, recs 1, 2, 4, 5).

The primary goal of this needs-based, scaled support is to provide a focused response to de-escalate risk and return young people to the general population at the earliest opportunity. (Shearer, 2019, pp. 18, rec. 9).

Note that the following model only applies to young men in YJ custody as most young women, with the exception of those on short-term remand, are managed centrally at Reiby Youth Justice Centre.

Due to the low number of young women in YJ, they are likely to experience prolonged periods of social isolation in units with a predominantly male population. Further, young women, especially those displaying High-risk behaviours often have gender specific needs that require specialist programs, services and support from employees that specialises in this area.

## Escalating Responses to High-Risk Behaviours

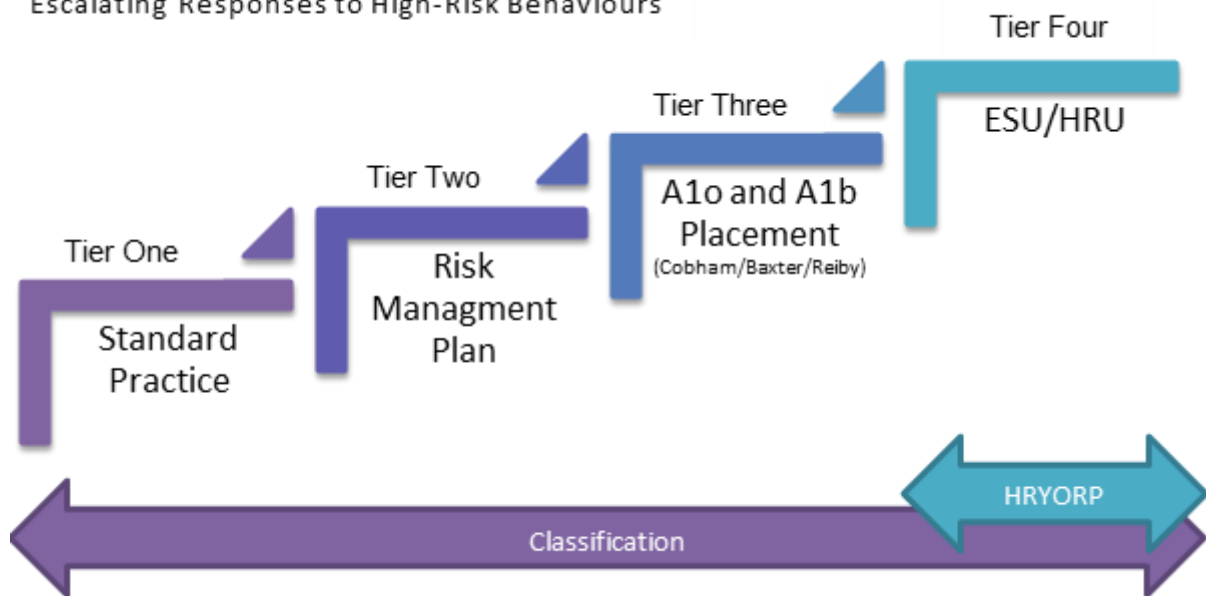


Figure 1: Escalating Responses to High-Risk Behaviours

### 2.1 Tier One – Standard Practice

Young people are taking part in the unit and individual programs and activities. They are participating in the incentive scheme and working toward their casework goals.

Young people are accommodated in mainstream units and managed through routines and practices that focuses on reducing their risk of re-offending, behaviour modification, and preparing for their transition back to the community.

### 2.2 Tier Two – Risk Management Plan

Young people that demonstrate patterns of high-risk behaviours (e.g. violence, self-harm) that are unable to be managed and addressed through routines in the mainstream units are placed on a Detainee Risk Management Plan (DRMP) (see 4.3.2) to provide tailored supports to reduce presenting risk/s.

On Tier Two young people remain accommodated in mainstream units and take part in the unit routine, activities and programs wherever possible. The DRMP may stipulate modifications to a young person's routine to reduce risk to self and/or others if required.

The focus of interventions on Tier Two is to help the young person address the underlying causes of high-risk behaviours and return to Tier One when they have achieved the goals outlined in the DRMP.

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## 2.3 Tier Three – A1b and A1o Placement

Young people that are classified as A1o or A1b, the highest rating in the classification system, are placed in Cobham, Frank Baxter and Reiby (for those under 15 years old) YJC because they have greater access to community resources (e.g. psychiatrists, and speech pathologists) that are often critical in managing the behaviours of this group.

Young people with an A1b classification may be managed under a DRMP although this is not always the case and will be determined based on their behaviour.

Similar to Tier Two, young people are accommodated in mainstream units and the focus of interventions is to help the young person address the behaviours that led them to a A1b classification.

## 2.4 Tier Four – HRU/ESU

Tier Four interventions are reserved for young people who present with the highest risk most complex needs.

Young people in this category are referred through the High-risk Young Offender Review Panel (HRYORP) and accommodated in either the Enhanced Support Unit (ESU) or an HRU.

### 2.4.1 High-risk Young Offender Review Panel (HRYORP)

The HRYORP is responsible for making entry and exit decisions for the Enhanced Support Unit (ESU) and HRU based on a young person's risks, needs and behaviour in custody.

The panel is comprised of experts from external agencies, YJ executives and frontline representatives who provide an objective view on the optimal placement and management options for young people with high-risk behaviours. (Shearer, 2019, pp. 18, rec. 7, 8) (HRYORP Operational Guidelines, 2019)

### 2.4.2 Enhanced Support Unit (ESU)

The ESU provides therapeutic support for those with high-risk behaviours, high needs, self-harm and may not respond to interventions in the HRU due to responsivity barriers (e.g. language difficulties, mental health issues, significant cognitive impairment) (ESU Operating Framework, 2019)

### 2.4.3 High-risk Units (HRU)

The HRU provides focused resources on managing young people with a history of and/or currently displaying high-risk behaviours. See Section 3 for Entry Criteria for the HRU.



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## 3 High Risk Unit Entry and Exit

### 3.1 Entry criteria

Though age is not a limiting factor for a HRU referral, only males are eligible for placement at the HRU.

#### 3.1.1 Referral

For a young person to be eligible for the HRU they must:

- have a history of high-risk behaviours where all mainstream interventions have been exhausted; and/or
- be involved in a high-consequence incident, which may include but is not limited to:
  - assault that resulted in injury of others or evidence that indicates an assault is imminent
  - escape or attempted escape
  - serious security breach, such as scaling onto a roof
  - property damage that exceeds \$5,000.

#### 3.1.2 Immediate placement

Where a young person meets the criteria outlined in 3.1.1 and is presenting an immediate safety and/or security risk that cannot be managed in mainstream units, the Duty Manager may initiate an immediate placement to a HRU by seeking approval from the Director of Custodial Operations. To initiate this process, the Duty Manager will:

- 1) [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

Once the Director of Custodial Operations approves the immediate placement, the young person can be transferred to one of the HRUs.

Immediate placements must be reviewed by the HRYORP at the next meeting to maintain transparency in the referral process. (Shearer, 2019, pp. 18, rec. 6)

#### 3.1.3 HRU Alert (CIMS)

[REDACTED]  
[REDACTED]  
[REDACTED]

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## 3.2 Exit criteria

- 1) Employees in the HRU can recommend exit when there is an improvement in behaviour, which includes:
  - young person has ceased the high-risk behaviour/s or it has reduced to an agreed acceptable level;
  - compliance to HRU routines;
  - engagement in interventions to address underlying issues; and
  - meeting goals outlined in the DRMP.
- 2) Exit is supported by the Centre Manager responsible for the HRU
- 3) Exit is approved by the HRYORP

### 3.2.1 Exiting a young person placed in the HRU

There are no minimum or maximum periods a young person can be placed on a HRU.

Young people in the HRU will have their placements **reviewed by HRYORP once every three months** to monitor their progress and whether alternatives need to be considered to improve outcomes.

Unit employees can recommend exit if the young person meets the criteria listed above during the weekly HRMC.

When making exit recommendations, employees should highlight whether the young person remains a risk to others and what controls should be in place to minimise the likelihood of future high-risk behaviours (e.g. not to mix with specific young people, keep the DRMP in place) (Shearer, 2019, pp. 18, Rec. 6, 7)

## 4 Governance and reporting

### 4.1 Weekly High Risk Management Committee

This HRMC is chaired by an Assistant Manager and is comprised of:

- Unit Managers
- Youth Officers
- Unit Based Psychologist
- Unit Based Case Worker
- Education representative
- Justice Health representative
- Aboriginal Practice Officer or representative
- Programs team representative
- Security and Intelligence representative

The committee focuses on:

- 
- a review of minimum standards (e.g. out of room time, minimum contact with psychologist and case worker)
  - incidents and misbehaviour in the past week
  - confinement and segregation data, including reasons and measures in place to minimise the risk of future incidents
  - DRMP reviews, which include:
    - compliance with centre routines
    - progress in education and interventions
    - incentives for the week
  - each young person's strategies including a review of progress to-date and adjustments required to improve chances of exit
  - phone calls made in the past week and any issues raised by Security and Intelligence.

## 4.2 Individualised schedules

The primary Case Worker (see 10.4.3) is responsible for facilitating the conversation with the young person on a weekly basis to find out what they would like to participate in the following week. This allows the opportunity to develop a schedule for the young person's appointments, programs and activities for the following week, tailored to individual needs. This information is provided to the Unit Based Case Worker (see 10.4.1) to present at the weekly HRMC for approval. This helps Youth Officers to plan for young person's movements and avoid any potential clashes in schedule. (ACYP, 2019, p. 16)

Once this schedule is approved, the primary Case Worker will forward this information to the young person, explain the rationale behind the scheduled activities and motivate him to attend the appointments as part of service co-ordination. (ACYP, 2019, p. 16)

## 4.3 Key Reporting Areas

The key reporting areas in the HRU include:

### 4.3.1 Daily out-of-room-time

- Completed daily by Youth Officers and reviewed by the Unit Manager.
- Calculates the amount of time each young person spends out of their room each day
- Captures the reasons why a young person has not spent a minimum of 6 hours out of room (e.g. period of personal time in room, period of segregation etc.)
- Captures the actions taken when young person does not spend 6 hours out of room (e.g. appointment with psychologist to assess psychological and emotional wellbeing)
- Report is reviewed weekly by the HRMC
- Report is made available to:
  - The Custodial Support Team (CST)
  - Director of Custodial Operations
  - Executive Director, Youth Justice
  - Inspector Custodial Services (Rafter, 2018, pp. 23, rec.12)

### 4.3.2 Detainee Risk Management Plan (DRMP)

The DRMP is developed by the Unit Manager, reviewed by the Assistant Manager and Centre Manager and reported to the Director of Custodial Operations. (DRMP Procedure, 2019)

### 4.3.3 Minimum standards for contacts with case workers and psychologists

This information is **reviewed weekly** by the HRMC and monthly by the CST.

## 5 Understanding risk in a custodial environment

In a custodial environment, risk can be assessed based on the frequency and consequence of the behaviour.

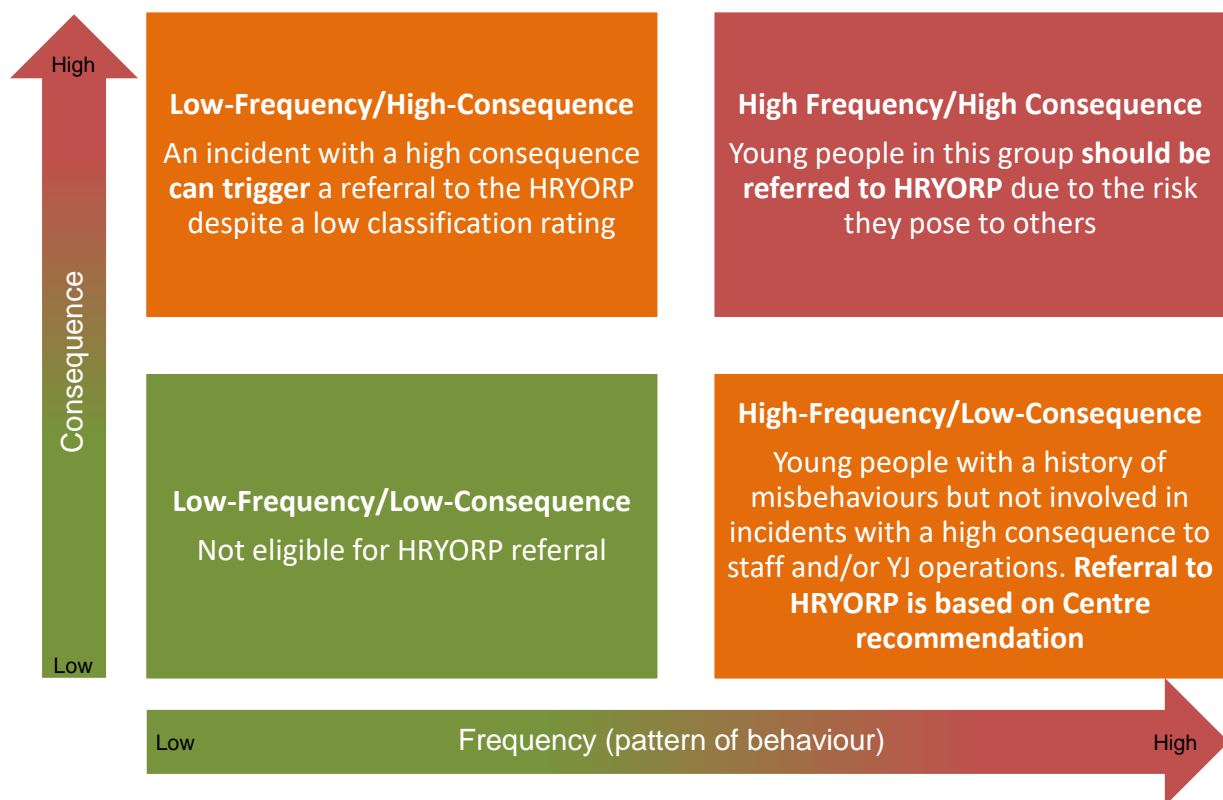


Figure 2: Frequency-Consequence Referral Matrix

### 5.1 Frequency

On a scale from low to high, *Frequency*, describes the quantity or repetitiveness of a particular risk behaviour, and in so doing attempts to predict the likelihood of similar behaviour re-occurring in the future.

The frequency rating coupled with the consequence rating (see 5.2) is combined to determine the need for a HRYORP referral and/or an immediate placement into an HRU.

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The main indicator for the frequency assessment is the young person’s classification as determined by the objective classification process (Objective Detainee Classification Procedure, 2011). A young person can be classified from B3 (lowest risk) to A1 (highest risk) based on historical factors including criminal history and behaviour record in custody.

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

## 5.2 Consequence

On a scale from low to high, *Consequence*, describes the impact an event or incident has on the safety and security of young people, employees and the physical infrastructure of a youth justice centre.

High-consequence incidents (e.g. escape, security breach, severe property damage and assault), require an escalated response from YJ to contain the risk and develop strategies to address the underlying causes of the behaviour.

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The decision to refer a young person to HYROP or directly place them in an HRU is correlated to the consequence rating as well as the frequency rating (see 5.1). The higher both the consequence and the frequency the more likely the referral. (See figure 2)

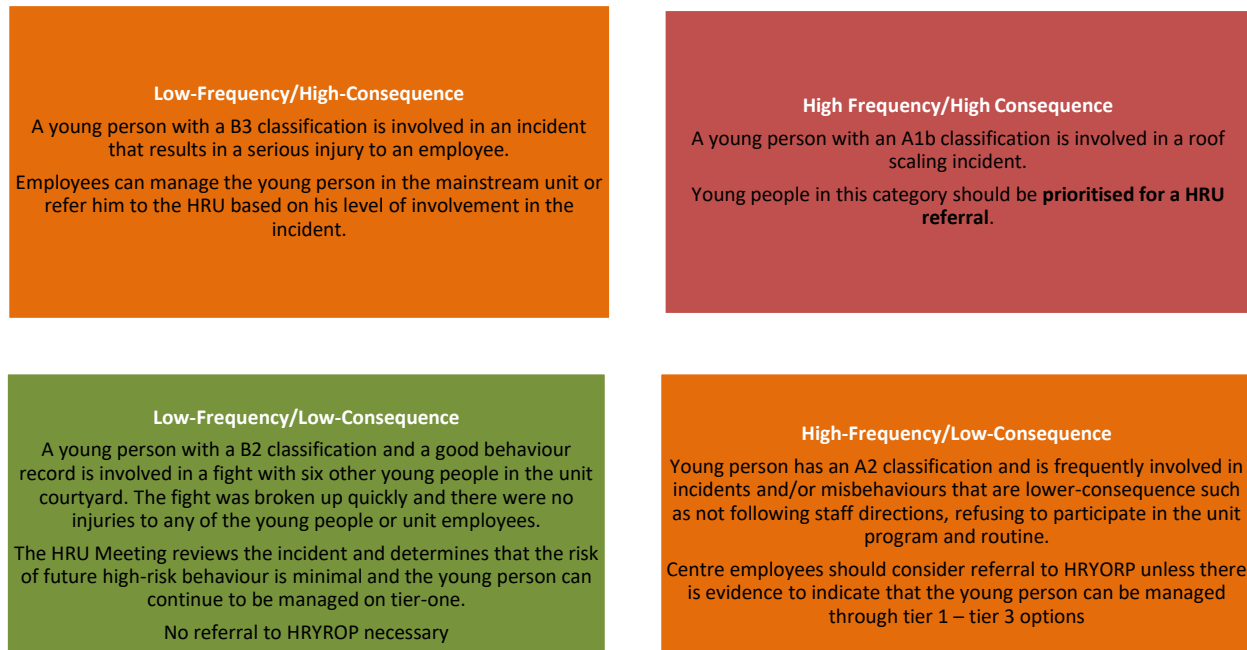


Figure 3: Example referral scenarios

## 6 Intervention model

The intervention model in HRU plays a critical role in managing high-risk behaviours and the return of a young person to mainstream units.

### 6.1 Assessments

Assessments provide a consistent way for employees to assess high-risk behaviours and provide targets for intervention.

The purpose of these assessments is to aid employees in identifying young people with an increased risk of violence to enable focused preventative intervention.

The assessment tools selected for the HRU meets the following criteria:

- meet the needs of those in the HRUs (i.e. focused on the management of high-risk behaviours)
- are designed based on empirical evidence and validated in similar settings
- fit with the YJ operating system so that progress made in HRUs can be continued when the young person returns to mainstream units
- are efficient and cost effective.

#### 6.1.1 How I Think Questionnaire (HIT)

The HIT was developed to provide a reliable and valid measure of self-serving cognitive distortion in adolescents. It measures four categories of: self-serving cognitive distortions

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(thinking errors), self-centred, blaming others, minimising/mislabelling, and assuming the worst. Information collated through this assessment can be used to identify root causes for antisocial behaviours as well as **inform targets for clinical intervention**.

This tool is currently being used in the Enhanced Support Unit, takes 5 to 15 minutes to administer and requires only a fourth-grade reading level.

The HIT will be administered by a psychologist within the first four weeks of the young person's entry to the HRU.

### 6.1.2 Dynamic Appraisal of Situational Aggression (DASA)

The DASA is a tool developed to assess the likelihood that a patient or client will become aggressive within a psychiatric inpatient environment. The DASA can be assessed on a day-to-day basis and requires approximately five minutes to complete.

Employees can administer the DASA to assess a young person's risk status over the following 24 hours.

## 6.2 Planning

Planning is critical to co-ordinate interventions across multiple disciplines and track young people's progress.

### 6.2.1 Case Plan

When a young person enters a HRU, their case plan is reviewed and adapted where appropriate, taking into consideration the new circumstances.

The case plan should focus on addressing a young person's criminogenic factors through interventions (e.g. CHART) based on an individual's responsivity factors (e.g. motivation, language, capacity etc.) to optimise outcomes.

For young people who are likely to transition from the HRU to the community, the case plan should focus on transition planning and outline:

- what strategies are in place to mitigate a young person's risk to the community?
- how interventions delivered in the HRU can be continued in the community?
- what support services are in place to optimise reintegration outcomes (e.g. accommodation, school, access to health services and counselling etc.)?
- how the family can assist in the young person's reintegration?

### 6.2.2 Detainee Risk Management Plan (DRMP)

The DRMP (DRMP Procedure, 2019) maps out the optimal security and intervention strategies across multiple disciplines to reduce the frequency and/or severity of high-risk behaviours.

All young people in the HRU will be placed on a DRMP, and this will be used to track progress and as the basis for exit recommendations.

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While DRMPs for young people in a HRU may differ from those developed for other young people (e.g. they may be simpler and fewer goals for example), the process of DRMP development and implementation must remain consistent regardless of location. This ensures that progress made in HRUs can be continued when the young person returns to mainstream units or to the community.

## 6.3 Interventions

Contemporary evidence indicates that outcomes for young people are optimised when the level of services is matched to an individual's level of risk. Therefore, a higher level of services is required for young people in the HRU. This is guided by a minimum standard of contact as follows:

- **Clinical intervention:** Delivered by psychologists at least once a week
- **Case Management:** Delivered by case workers at least twice a week

Young people assessed as High-risk tend to have higher needs and therefore require a higher level of intervention to address anti-social behaviours.

## 7 Activities

The HRU conducts a range of approved low-risk activities and programs which are scheduled a week in advance and comprise of:

- activities that improve life skills such as cooking, cleaning and budgeting
- cultural and religious programs
- activities that promotes physical, psychological and/or emotional wellbeing

### 7.1.1 Education

The delivery of education will be assessed based on individual risk assessment in consultation with the Education and Training Unit (ETU).

For example, if a young person's behaviour is a risk to an ETU employee, modules may be delivered through homework or online learning instead of face to face. YJ is currently working with Education to develop this process that ensures young people in HRU can access education whilst maintaining the safety of employees.



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## 8 Routines

### 8.1 Daily Routine

The routines across the HRUs are designed based on the following factors:

- 1) a minimum of 7 hours out of room time built into the daily routine
- 2) a minimum of 6 hours out-of-room time per day with a further hour available based on behaviour. (Rafter, 2018, pp. 24, Rec 24)
- 3) services such as Education, Justice Health, Psychologist and Case Work are available when young people are out of their rooms during business hours
- 4) it takes into account of routines in other units and the operational environment to ensure that security support is available during movements

Due to the security considerations outlined in point 4, the routines across the two centres will vary based on the operational environment. However, the services young people receives and minimum out of room time will be the same across the HRUs.

### 8.2 Telephone calls and visits

#### 8.2.1 Telephone calls

Providing more access to the phone in the HRU may incentivise High-risk behaviours and discourage progression back to the mainstream units. Therefore, young people in the HRU can make:

- up to **5 phone calls per day to their friends and family**. The number of calls in the HRU is determined based on the average number of calls young people in mainstream units make each day. By providing the same level of phone access to young people on mainstream units and HRUs, it ensures their behaviours are not penalised or incentivised by the number of calls they receive in the HRU (Paget, 2015, pp. 10, Rec 1)
- unlimited phone calls to legal, the Ombudsman, community caseworkers (Arunta Controlled Telephone System Procedure , 2018)
- additional phone calls in emergency situations (e.g. death in the family) with approval from the Unit Manager on duty.

#### 8.2.2 Visits

Young people in the HRU will have the same level of access to visits as those in the mainstream units.

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## 8.3 Internal and external movements

A risk assessment will be conducted immediately prior to any scheduled/routine internal movements or external escorted absence taking place.

[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

## 8.4 Segregation

Segregation is used in a HRU when there is an immediate and unacceptable danger of risk of harm to a young person/s, employees or others.

Segregation is not used as part of the DRMP as the HRU routine has built in safeguards to manage young people with high-risk behaviours to keep other young people and employees safe.

When segregation is used the following safeguards apply:

- HRU follows mainstream segregation procedure (Segregation Procedure , 2019)
- Ombudsman notification process will mirror those in the mainstream units
- a record of young person's out of room time is reviewed by the Director of Custodial Operations; Executive Director, and Inspector of Custodial Services each week (see 4.3.1).
- young people with less than 6 hours out of room time on any given day will be interviewed by the HRU team to monitor their psychological and emotional wellbeing
- the use of incident related segregation will be reviewed at the HRMC each week (Rafter, 2018, pp. 23, rec. 8)
- the HRYORP will periodically review the management of young people to ensure practices are consistent with operational standards.

# 9 Behaviour Management

## 9.1 Positive behaviour incentives rewards

Under the current policy (DRMP Procedure, 2019), young people placed on a DRMP are **not part of the incentive scheme**. As every young person placed on the HRU are on a DRMP, their incentives will be tailored to their individual needs to encourage progression back to mainstream units. (Incentive Scheme Policy, 2020)

## 9.2 Misbehaviour

Young people placed on a HRU remain subject to the misbehaviour provisions under the Children Detention Centres Act 1987.

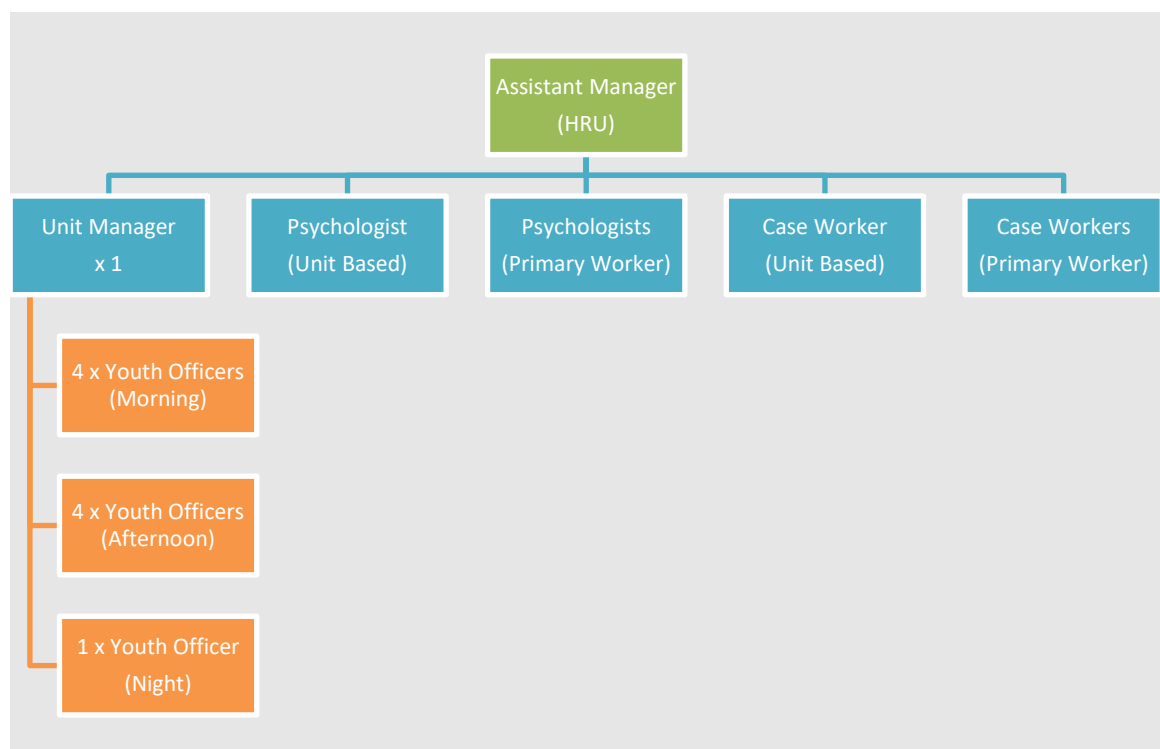
The use of legislated punishments (s21 Children Detention Centres Act 1987) in response to misbehaviour will be monitored and regulated via each young person's DRMP, so that punishments are not used in a manner that may inhibit the progression of a young person toward goal attainment.

All punishments for misbehaviour will be reviewed weekly at the HRMC to ensure that:

- punishments for misbehaviour are proportionate
- the purpose of the punishment is clearly understood by the young person and employees
- the choice of punishment/s is informed by the DRMP.

Specific attention may be required to the impact of periods of confinement aligning with routine periods of time in room to avoid extended periods of in room time. (Misbehaviour Policy, 2019)

## 10 Employee roles and responsibilities



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## 10.1 Assistant Manager

Responsible for providing oversight on HRU operations, which includes:

- chair the weekly HRMC (see [Error! Reference source not found.](#)) and work with employees to address issues raised
- provide weekly updates to the Centre Manager on the key issues raised in the meeting and outcomes
- escalate any issues in the HRU that requires an immediate response to the Centre Manager
- review HRU out of room time weekly and with Unit Managers to improve performance when the minimum 6 hours out of room time are not met
- Support DRMP and provide feedback to Unit Managers when standards are not being met
- designate a psychologist and a case worker for the unit-based roles in the HRU
- allocate young people to case workers and psychologists
- provide coaching, supervision and support to Unit Managers, Psychologists and Case Workers on the HRU

## 10.2 Unit Manager

Responsible for the day-to-day operations in the HRU, which includes:

- escalate and report any issues that require an immediate response to the Assistant Manager
- develop and update DRMPs
- conduct weekly reviews on HRU standards (e.g. young people's out of room time, phone calls and minimum contact with psychologists and case workers etc.) and work with unit employees to continuously improve outcomes
- make exit recommendations based on young person's behaviour and employee feedback
- be on a rotating roster to represent HRU employees at HRYORP
- induct new employees working on the HRU
- provide coaching, supervision and support to youth officers.

## 10.3 Youth Officers

Responsible for the day to day supervision and management of young people, which includes:

- Motivate and assist with the engagement of young people in education, intervention, cultural and recreational activities
- implement strategies outlined in the DRMP, which includes escorting young people to education and other services
- participate in the HRMC and contribute to DRMP updates to reflect a young person's progress
- document young person progress via case notes on CIMS

- 
- escalate issues that require the Unit Manager’s intervention and approval at the earliest opportunity
  - contribute to the development and implementation of unit activities
  - proactively manage issues that may compromise the security of the HRU.

## 10.4 Psychologist and Case Workers

The utilisation of psychologists and case workers in the HRU are divided into two roles:

1. a **unit-based role** that acts as a liaison point for HRU employees, and
2. a **primary worker role** that focuses on delivering interventions to a young person.

Benefits of this model include:

- improve consistency in practices across psychological services and case workers
- build rapport with HRU employees by providing a centralised point of contact
- avoid employee burnout by distributing the management of young people with high-risk behaviours across different psychologists and case workers
- the Unit Counsellor/Case Worker can act as a backup when the Primary Worker goes on leave
- provide flexibility in the allocation of resources, as it can adapt to the fluctuating numbers in the HRU and mainstream units.

### 10.4.1 Unit-Based Psychologist/Case Worker

This role is responsible for liaising with HRU employees and contributes to the management of young people in the unit which includes:

- participate in HRMC
- contribute to the development and update of DRMPs
- communicate with employees about issues relating to the management of young people in the HRU
- support employees on the HRU in the management of young people with high-risk behaviours.

### 10.4.2 Primary Worker (Psychologist)

This role is responsible for:

- providing clinical assessment and intervention to young people
- ensuring minimum standards are being met (i.e. one contact per week)
- reporting progress and issues to the Unit Counsellor so the information can be shared with other employees.

### 10.4.3 Primary Worker (Case Worker)

This role is responsible for:

- providing assessment and intervention to address a young person’s criminogenic needs

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- ensuring minimum standards are met (i.e. two contacts per week)
  - reporting progress and issues to the Unit Case Worker so the information is shared with other employees.

When there is a low number of young people in the HRU, it is possible for a psychologist or case worker to act in both the unit-based role and the primary worker roles.

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## 11 Employee Support

### 11.1 Employee Induction

The Unit Manager is responsible for inducting employees starting in the HRU to ensure they are familiar with the unit's routines, practices and supports.

### 11.2 Reflective Practice

Reflective practice is an ongoing process of learning through and from experience and developing insight into interactions with young people and other key stakeholders/service users.

Engaging in reflective practice will develop custodial staff capacity to critically reflect on their emotions, experiences, actions and responses.

Reflective practice is scheduled into the daily timetable in each HRU.

### 11.3 Shift Handovers

Shift handovers occur between shifts in the same fashion as mainstream units and are guided by the Supervision of Young People Policy. (Supervision of Young People Policy, 2020)

### 11.4 Critical incidents or significant events

The HRU is committed to running critical incident or significant event debriefs in response to every incident or event. Employees may also identify circumstances which require a debrief. For additional information regarding incidents. (Incident Management Policy, 2019) (Shearer, 2019, pp. 20, rec.42) (Rafter, 2018, pp. 25, rec.36)

### 11.5 Supervision and training

#### 11.6 Quarterly review

Staff operating in the HRU will meet with their supervisor every quarter to discuss their Personal Development Plan and the types of support they may need. This is also an opportunity for staff to reflect on their experience in the HRU and whether they would like to be considered for a transfer to another area.

#### 11.7 Refresher training

In consultation with the Operational Training Unit, formal training calendar and scheduling is managed by the Unit Manager and informed by all HRU employees and their observations, suggestions and common development goals. (Rafter, 2018, pp. 25, rec.30)

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## 11.8 Other Support

### 11.8.1 Employee Assistance Programs (EAP)

Employees are eligible for six free Benestar sessions per year. Supervisors and families can refer employees for confidential support to navigate through challenging issues or coaching to enhance wellbeing. This can be utilised; over the telephone, face-to-face or video counselling sessions.

### 11.8.2 Peer Support Officers

Employee Peer Support involves employees supporting colleagues who are experiencing challenges at work, their personal life and particularly in times of stress. Peer Support Officers are available to discuss support options and listen to concerns. This is a brief and short-term option.

### 11.8.3 DCJ Health and wellbeing intranet page

Provides employees with useful and supportive resources regarding how to stay safe at work and as an employee how to maintain a healthy mind and body.



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## 12 Glossary/ Definitions

**Aboriginal and Torres Strait Islander** Under the Aboriginal Land rights act 1983 and Children and Young persons (care and Protection act) 1998.

An Aboriginal person means a person who:

- a) is a member of the Aboriginal race of Australia, and;
- b) identifies as an Aboriginal person, and;
- c) is accepted by the Aboriginal community as an Aboriginal person.

Under the Torres Strait Islander act 1991 (QLD) an Torres Strait Islander is a person who is a descendant of an Indigenous inhabitant of the Torres Strait Islands.

**Case Management** refers to the overarching system directing all young people's processes within Juvenile Justice Centre. It involves four specific planning functions:

1. Youth Level of Service / Case Management Inventory-Australian Adaptation (YLS/CMI-AA)
2. Intervention Plan
3. Case Plan Coordination
4. Program Interventions.

**Case Plan** refers to the plan compromised of goals, steps and strategies to achieve goals, and criminogenic needs and other personal goals to be addressed in the future.

**High Risk Management Committee** refers to a panel of centre-based employees that meet on a weekly basis to review and assess the progress of young people currently in the HRU as well as discuss and make decisions regarding recent incidents, misbehaviours, confinement, minimum standards (i.e. out of room time, contact with psychologist and caseworkers etc.) and DRMPs.

**Clinical Intervention** refers to therapeutic activities and programs/ treatments delivered by YJNSW psychologists to identify and address a young person's needs and the line between their needs and offending patterns/history.

**Programs** activities and interventions available to young people in YJNSW custody, that are identified through assessment and referrals to assist in addressing behavioural concerns linked to a young person's reoffending

**Detainee Risk Management Plans (DRMPs)** refer to strategic plans developed to manage individual detainees who present significant risk to themselves and/or others

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**Dynamic Appraisal of Situational Aggression (DASA)** refers to the clinical assessment tool used by YJNSW centre psychologists/ employees to assess, on a day by day basis, the likelihood that a young person will become aggressive within a psychiatric inpatient environment.

**Employee** refers to all persons employed on an ongoing, temporary or casual basis within Youth Justice NSW. For the purpose of this framework references to employee(s) has the same meaning as staff as defined in the Children (Detention Centres) Act 1987.

**Enhanced Support Unit (ESU)** refers to the custodial unit that delivers flexible, individualised components-based intervention, based on the Attachment Regulations Competency (ARC) Model, to accommodate High-risk and high needs young people in YJNSW custody, who have experienced complex trauma.

**High-risk Management Unit (HRU)** refers to the custodial unit(s) that accommodates High-risk young people and provides alternative accommodation and individualised treatment solutions to achieve therapeutic and rehabilitative outcomes.

**High-risk Young Offender Review Panel (HRYORP)** refers to the YJNSW panel responsible for making entry and exit decisions for the Enhanced Support Unit (ESU) and High-risk Unit (HRU) based on a young person's risks, needs and behaviour in custody. Comprising of experts from external agencies, YJ executives and frontline representatives to provide a measured view on the optimal placement and management options for High-risk detainees.

**High-consequence Incident** refers to an incident that resulted in serious breach of security and/or had a significant impact on employees. This may include but not limited to: .

- escape or attempted escape,
- security breach to rooftops,
- assault or imminent threat of assault
- severe property damage (i.e. \$5,000 or more)

**How I Think Questionnaire (HIT)** refers to the clinical assessment tool used by YJNSW psychologists/ centre employees to provide a reliable and valid measure of self-serving cognitive distortion in adolescents.

**Young Person** applies to all young people that Youth Justice NSW has a mandate to supervise whether in community or custody. For the purpose of this framework references to young person has the same meaning as detainee as defined in the Children (Detention Centres) Act 1987.

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## 13 References

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## 14 Document Information

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<b>Business Centre:</b>	Custodial Support Team
<b>Author:</b>	Senior Manager, Custodial Support Team
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## 15 Document History

Version	Date	Reason for Amendment
1	September 2020	<b>First version</b>