

Securing the Care

A Summary of the Evaluations of Youth Detention Services in Queensland



Queensland
Government

Department of
Families

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Foreword

The purpose of youth detention centres in Queensland is to safely and securely detain young people who are refused bail, remanded in custody or sentenced to detention in a manner that recognises that they are children and at a vulnerable point in their development. To achieve this, an array of various and often complex practices and procedures had developed within detention centres over time.

The effective integration of safety, security and care requirements presents a major and ongoing challenge for detention centres. Implementation of the 'Secure the Care Framework' in 1999 marked a significant turning point in the delivery of youth detention services in Queensland as it has enabled senior management, youth detention centres and their staff to meet the challenge of integrating safety, security and care requirements.

The Evaluation of both the implementation and impact of the Secure Care Framework on the delivery of youth detention services in Queensland has allowed the Department of Families to focus on youth detention service operations and identify areas for ongoing development. Overall the findings have identified some significant improvements in service delivery; for example, young people reported feeling safe and well looked after. In light of the Commission of Inquiry into Abuse of Children in Queensland Institutions this finding is particularly important.

The closure of the Sir Leslie Wilson Youth Detention Centre and the suspended operations at John Oxley Youth Detention Centre as well as the opening of the new Brisbane Youth Detention Centre and renovation of the Cleveland Youth Detention Centre, have greatly improved facilities for young people remanded in custody or sentenced to detention. These improvements, coupled with the ongoing enhancement of practice and procedures have assisted in achieving the balance required in 'Securing the Care' of detained young people and will continue to support the operation of youth detention services in Queensland.

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Executive Summary

Background

In March 1999, the Secure Care Framework was launched in Queensland to provide a framework for the integration of the objectives and roles of detention with the management of individual young people, residential sections and the centre. The Secure Care Framework uses the core functions of assessment, planning, intervention and review to integrate the safety, security and care responsibilities of youth detention centres.

This report will outline the key findings from the two evaluations conducted of the Secure Care Framework. These evaluations provide an overview of the implementation and impact of the Secure Care Framework in the Cleveland, John Oxley¹ and Sir Leslie Wilson² Youth Detention Centres in Queensland. It was during the period of the Phase Two Impact Evaluation that young people from the Sir Leslie Wilson Youth Detention Centre and the John Oxley Youth Detention Centre were transferred to the new Brisbane Youth Detention Centre³.

The Phase One Evaluation (referred to as the process evaluation throughout the report) was conducted approximately twelve months following the implementation of the Secure Care Framework (FYCCQ, 2000d). It examined the extent to which the Secure Care Framework had been implemented along with the procedural and compliance issues. The process evaluation aimed to test the strengths and shortcomings of the administrative and organisational systems and to assess the degree to which they effectively support the Secure Care Framework. Data were collected using interviews, observations and document searches. The focus of the evaluation was driven by the six key targets identified by the Secure Care Project⁴ as the principle objectives of the framework. These are:

- A single framework for practice en
- Close *integration of the roles* played by management and the various occupational groups employed within centres in securing the care of young people;
- Higher levels of accountability and transparency led by the creation of a *Secure Care Review Group* for each centre;
- New *assessment instruments, information systems and forms* to support the revised practices; and
- Increased opportunities for the *participation* of young people in decision-making processes (FYCCQ 1999a:6).

The Phase Two Evaluation (referred to as the impact evaluation throughout the report), completed in

¹ John Oxley Youth Detention Centre has since suspended operations as of mid March 2001.

² Sir Leslie Wilson Youth Detention Centre was officially closed in early February 2001.

³ The Brisbane Youth Detention Centre was opened in February 2001.

⁴ The Secure Care Project refers to a project commissioned and commenced by Queensland Corrections in May 1998 following dissatisfaction with the number and quality of the various systems and processes in place for assessing, planning, delivering interventions and reviewing outcomes with detained young people. The project builds on a policy statement in relation to youth detention centres, 'An Integrated Approach – The Philosophy and Directions of Juvenile Detention' that was produced by the Queensland Corrective Services Commission in 1997. Following the transfer of responsibilities for youth detention centre services to the Department of Families, Youth and Community Care on 7 December 1998, the project was completed by the Youth Justice Program of the Department.

April 2001, looked at the impact that the Secure Care Framework had upon the delivery of services within the youth detention centres (FYCCQ, 2001). The three stated objectives of youth detention centres in Queensland were selected as the benchmarks for the evaluation. These objectives articulate the youth detention centres' role in maintaining a safe residential environment, which promotes young people's health and well being, whilst assisting young people to address their offending behaviour and provide them with reintegration opportunities. The objectives in full are:

- Protect the community from crimes that might otherwise be committed by young people during the period of their remand or sentence were they not securely detained;
- Promote the safety and well-being of detained young people; and
- Reduce the likelihood of young people re-offending following their release from detention.

The objectives of youth detention centres as institutions and the Secure Care Framework as a guide to practice within the centres formed the focus of the impact evaluation. The evaluation framework was, therefore, designed to address six areas of interest in relation to young people. These are:

- Managing their health, well-being and suicide risk;
- Addressing their offending behaviour;
- Assessment;
- Participation in the case planning and review process;
- Transition between detention and the community; and
- Reintegration.

Key Evaluation Findings

The process and impact evaluations identified the following findings in regard to the Secure Care Framework.

The process evaluation identified the following positive findings:

- The principles of the Secure Care Framework were very well supported across the whole range of occupational groups in all three youth detention centres, and
- Staff were highly appreciative of the framework's objectives in regard to the targeting of interventions, the integration of working roles, the inclusive nature of the decision making process and the emphasis on accountable practice.

Whilst there was strong support for the principles of the Secure Care Framework, the need for further development was identified in the completion of the Secure Care Framework's prescribed documentation:

- Shortfalls were identified in the types and amount of information documented and presented to the Secure Care Panel (the framework's decision making body). Secure Care Plans (and the pieces of information that form attachments to it) were not being presented to the Secure Care Panel as completely as anticipated by the Secure Care Framework;

- Prescribed forms⁵ had been modified, either to suit the preferences of the staff using them, or to solve a problem when a Secure Care form did not quite meet a particular documentary need;
- The prescribed assessment tools⁶ were being used at, what could be described as, a very low rate;
- Staff experienced difficulties with key tasks, such as social and criminogenic needs assessments in particular; and
- Some staff members found the procedural requirements of the framework easier to manage than others. Some staff resisted performing particular tasks; often those they felt uncomfortable about, or those that were particularly time consuming. Further training of an instructive type was identified as one way that might have assisted in the implementation of the Secure Care Framework.

The Phase Two findings were in the main very positive:

- The majority of young people reported that their health needs were met by the detention centre and that they had learnt new ways of looking after their health;
- The majority of young people reported that the youth detention centre was a safe environment in which to live and that staff would protect them if they felt their personal safety was threatened;
- Young people reported attendance at a broader range of programs than those offered when the original survey⁷ was undertaken, with an improvement in the level of satisfaction in relation to the range of programs offered;
- Family Service Officers⁸ had gone to considerable lengths to arrange meaningful activities and secure living arrangements and other supports for young people about to return to the community; and
- Plans that allow for a gradual and meaningful reintegration of the young person, in a format that clearly describes timeframes and the benefits to the young person along with the availability of regular, structured off-centre activities increases the capacity of a centre to deliver positive outcomes in terms of reintegration.

The use of assessment tools and the participation of young people in the case planning process were two areas identified as requiring further attention.

- As identified in the process evaluation, the use of Secure Care assessment tools requires further development. The impact evaluation identified that the Secure Care assessment tools did not appear to be informing the planning and review process;
- The lack of a standardised screening instrument, along with low completion rates of other Secure Care assessment forms for newly arrived and short-term residents resulted in a shortage of information; and
- The need to raise the level of understanding among young people about the case planning process and to more adequately prepare them for case review meetings was also identified. Most young people thought they should be involved in the case planning process but did not believe that they were, or were confused about their role.

⁵ New forms, assessment instruments and recording systems were designed as supporting mechanisms to the Secure Care Framework. As a set of procedural guides, the new forms aimed to direct case management practice in a way that would lead to the achievement of the outcomes sought by the Secure Care Framework.

⁶ The SC5, (Offence and Needs Form) and SC6 (Identified Support Needs Form) were specifically designed as the assessment tools required under the Secure Care Framework.

⁷ This survey was conducted in 1998 prior to the implementation of the Secure Care Framework and assisted in informing the development of the Secure Care process.

⁸ A Family Services Officer is responsible for the supervision of young people subject to community based youth justice orders. They also maintain case management of young people in detention in conjunction with a Caseworker from the detention centre who provide day to day supervision.

Summary

The Department of Families has an ongoing commitment to improving service delivery to young people in detention and their families and adherence to the Secure Care Framework is fundamental to providing integrated casework services. Since the implementation of the Secure Care Framework in March (through to August) 1999, there has been a gradual strengthening of the procedures and practice in relation to delivering youth detention services according to the Framework.

Considerable progress has been made towards addressing the recommendations identified in Phase One. In particular, the employment of staff dedicated to the management and monitoring of the Secure Care Framework reinforces the importance placed on delivering quality youth detention services and will ensure that issues raised in both Phase One and Phase Two Evaluations are addressed.

Introduction

Background

The administration of juvenile detention centres was the responsibility of Queensland Corrective Services Commission (QCSC) from August 1996 to December 1998. During this time “The Integrated Approach – the Philosophy and Directions of Juvenile Justice” was developed to guide the operations of youth detention centres in Queensland. In 1998, the Securing the Care project was commenced by QCSC. It was completed by the Department of Families⁹ upon the return of the responsibility of youth detention centres to the Department in December 1998.

In setting the benchmarks for the evaluations, the principles and objectives underpinning current practice in Queensland’s youth detention centres were initially identified. The principles guiding practice today are the result of a series of research projects and policy statements which, in combination, make up the history of the Secure Care Framework. Reference was made to:

- The principles embodied in ‘The Integrated Approach – the Philosophy and Directions of Juvenile Detention’ published by the Queensland Corrective Services Commission (QCSC) in 1997;
- The stated purpose of the ‘Securing the Care Project’ drafted by Queensland Corrections¹⁰ in 1998; and
- The service delivery objectives of the Secure Care Framework itself, published by Families, Youth and Community Care, Queensland in the ‘Securing the Care of Young People in Detention’ in 1999.

As indicated in the Securing the Care Information Paper (1999a), the Securing the Care Project originated from concerns that the number and complexity of processes undertaken in detention centres:

- Had become confusing to both staff and detained young people alike;
- Were inefficient and disjointed;
- Were not conducive to the participation of detained young people and their families; and
- Had lost their sense of purpose and original intent.

The Securing the Care Project was established to ‘go back to the basics’ – to comprehensively examine the validity of existing detention centre practices in achieving these objectives.

In 1997, ‘An Integrated Approach – the Philosophy and Directions of Juvenile Detention’ (QCSC, 1997) was developed by Queensland Corrective Services as a policy statement to guide the operations of youth detention centres in Queensland. This document provided a clear statement of purpose and a set of values and beliefs for the management and staff of youth detention centres.

Following the launch of the ‘Integrated Approach’, Queensland Corrections commissioned the ‘Best Practice Development of Integrated Case Assessment, Planning and Intervention Systems in Youth Detention Centres in Queensland’ project in May 1998. This project, later renamed ‘Securing the Care’ under the Department of Families intended, through action research, to develop a framework for

⁹ Known as the Department of Families, Youth and Community Care at this time.

¹⁰ Queensland Corrections was a Government Owned Corporation (GOC) contracted to provide youth detention centre services to the Queensland Corrective Services Commission (‘purchaser’) under the legislated Purchaser/Provider model in September 1997. Responsibility for Youth Detention Operations was transferred to Department of Families in December 1998.

detention centre practices that reflected the philosophy of the 'Integrated Approach'. "What the 'Integrated Approach' established as a philosophy for youth detention, the Securing the Care Project sought to establish within the daily practices of detention centre management and staff, the organisational arrangements of centres, their administrative systems and operational procedures" (FYCCQ, 1999a:3).

The project brief sought:

- Improved practices to assess the factors that contribute to each young person's offending and allow for the development of targeted interventions to effectively address these factors;
- Improved practices to ensure that the full range of young people's support needs are addressed, including any suicidal or self-harming tendencies they may have;
- Improved assessment and review practices to identify security risks posed by individual young people over time, and to ensure that these assessments are used to inform decisions made about their section placements, participation in program activities and leave, their behaviour management and levels of supervision;
- Closer integration of the above systems and processes under a single framework for practice that is more efficient, effective and understandable to both staff and detained young people;
- New and improved assessment and planning materials, recording systems and terminology to accurately and meaningfully describe for staff, detained young people and their families, the various assessment, planning and intervention processes they encounter in detention; and
- Within the confines of a secure detention environment, maximised opportunities for young people to responsibly participate in decision-making about their lives. (FYCCQ 1999a:7)

The key outcomes from the project were:

- A single framework for practice entitled the 'Secure Care Framework' to consistently guide all functions performed by the centres;
- New organisational arrangements led by the creation of a Secure Care Panel within each centre to provide greater levels of coordination, integration and oversight of these functions;
- Closer integration of the roles played by management and staff in securing the care;
- Higher levels of accountability and transparency led by the creation of a Secure Care Review Group;
- New assessment instruments, information systems and forms to support the revised practices; and
- Increased opportunities for the participation of young people and their families in decision-making processes (FYCCQ, 1999b:4)

These key outcomes formed the basis of the Secure Care Framework published by the Department of Families, in 1999, and implemented in the three youth detention centres in March 1999. A comprehensive plan for the implementation of the Secure Care Framework across all youth detention centres was developed to assist in the transition to the new Framework. Each Centre Manager (and management team) was responsible for implementation within their respective centres. To ensure the consistency in applying the Framework across centres, each centre's implementation was assisted by two experienced project officers over a six month period.

The implementation of the Securing the Care Framework; the establishment of the new Brisbane Youth Detention Centre at Wacol in February 2001; major renovations to Cleveland Centre in Townsville; the closure of Sir Leslie Wilson Centre; and suspended operations of John Oxley Youth Detention Centre mark significant progress in the delivery of youth detention services in Queensland. In addition, there has been an increased level of resourcing for programs and services. This has enhanced the provision of programs and services to more effectively meet the educational, vocational and health needs of young people in detention. These changes to the operation of youth detention services are particularly significant in responding to the recommendations of the Commission of Inquiry into Abuse of Children in Queensland Institutions (1999).

What is the Secure Care Framework?

Overview

The concept of Secure Care reflects the dual purpose of the detention centre program that is to protect the community and respond to the needs of young people (FYCCQ 1999b). The detention service involves a number of key elements or roles in achieving its purpose and objectives:

- Security;
- Programs and services;
- Secure residential care; and
- Physical environment.

These elements or roles reflect the complexity of detention centre operations and at times involve the management of competing interests and resulting tensions. Securing the care of young people in detention involves the effective integration of the functional areas of detention centre operations. In this approach, the roles of the range of occupational groups involved in securing the care of young people are complementary and integrated. The need for staff from different occupational groups to acknowledge the importance of each other's roles and the inter-dependence of these roles is critical to the effective integration and management of detention centres (FYCCQ, 1999b).

The Secure Care Framework provides an integrated approach to undertaking the following key tasks of a youth detention centre:

- Managing day to day care;
- Managing security requirements;
- Meeting the full range of support needs;
- Identifying and managing security risks; and
- Addressing offending behaviour.

The Secure Care Framework can be described in terms of the:

- Core activities underpinning the tasks;
- Application of the activities to objectives of youth detention;
- Application of the activities to key phases of youth detention; and
- Performance of the activities across key functional areas and phases of detention. (FYCCQ, 1999b:3)

Key Phases of Detention

The Secure Care Framework describes four key phases of detention based on young people's lengths of stay. These stages are described in detail in appendix 'A'. The phase of a young person's detention will determine the level and intensity of interventions. The young person's participation during each phase is a critical component of the Secure Care Framework.

Secure Care Panel

Central to the framework's operation is the Secure Care Panel located within each centre. The role of the Panel is to develop, monitor and review an integrated plan for young people in detention. The Panel is the critical point for integration of requirements as they relate to the individual young person, residential section, the centre as a whole and the community. All major decisions concerning a young person during their stay in detention must be endorsed by the Secure Care Panel.

Further details of the Secure Care Framework can be found in *Securing the Care of Young People in Detention* (FYCCQ, 1999b:46).

Evaluation Methodology

It was intended from the beginning, that the Secure Care Framework would undergo an evaluation and the original project report (FYCCQ, 1999b) recommended a two-phase evaluation. The first, a process evaluation, reporting on the implementation of the framework, was completed in August 2000. The second evaluation, an impact evaluation aimed to assess the impact of the Secure Care Framework upon the delivery of services within the youth detention centres. This evaluation was completed in April 2001.

The principal aim of the two evaluations was to measure the extent to which the Secure Care Framework had been implemented as intended and to measure how it had impacted on the lives of young people in Queensland's youth detention centres. The Secure Care Framework is complex, reaching into almost every aspect of a young person's detention centre experience.

Overview of Process Evaluation Methodology

A process analysis attempts to discover how procedures have been modified as they have been applied in practice and to identify trends, which may indicate a drift away from original goals. A process evaluation describes what actually takes place as a client moves through a program or other process.¹¹ This is the kind of detail that is needed before there can be a considered response to any pressures and difficulties a particular process may be experiencing.

The process evaluation aimed to test the strengths and shortcomings of the administrative and organisational systems in place in detention centres and to assess the degree to which they effectively supported the Secure Care Framework.

For the purpose of this evaluation, six objectives identified by the Secure Care Project (1999) were used to provide the focus for the research project.

1. The development of assessment instruments, information systems and forms;
2. The creation of a Secure Care Case Management Panel;
3. The creation of a Secure the Care Framework or practice manual;
4. Closer integration of working roles;
5. The active participation of young people and their families; and
6. The establishment of a Review Group as an accountability mechanism.

The research into this phase of the Secure Care project was informed by:

- Interviews with the two principal officers responsible for the implementation process;
- Written records of the implementation process, including those held in the relevant Departmental file;
- Interviews with detention centre staff; and
- Records of Secure Care training sessions held by administrative staff at John Oxley Youth Detention Centre.

¹¹ Krisberg, Barry (1980)

Overview of Impact Evaluation Methodology

Background

The benchmarks used to guide this evaluation were broadly based on two sets of stated goals, the goals of the Youth Detention Centres and the aims of the Secure Care Framework itself. The aims of the Secure Care Framework were developed over time, incorporating the principles of the 'Integrated Approach' policy document and the findings of the Secure Care research project. For the purposes of this evaluation, these aims were amalgamated into a framework, which selected three key objectives and a corresponding set of indicators and measures as detailed below.

Objective 1

Youth Detention Centres aim to reintegrate young people back into the community and, at the same time effectively manage any risk to the community during the young person's transition period. It was expected that evidence of Youth Detention Centres managing the de-institutionalisation of young people, along with any risk to the community associated with the process, would provide an indication that this goal was being reached. The research sought evidence that young people were taking part in pre-release activities, and that any risk associated with a young person's transition between detention and the community was managed effectively. Methods used to confirm the delivery of reintegration opportunities to young people included the observations of Secure Care panel meetings and case reviews, a survey of young people, and data from the detention centres' monthly reports to the Director, Youth Detention Operations Branch.

Objective 2

Youth Detention Centres aim to reduce the likelihood that individual young people will reoffend upon their release. The research sought evidence that young people were agreeing to address their offending behaviour and considered that they would be less likely to reoffend as a result. Researchers looked for evidence that young people were actively participating in the construction of their case plans and had changed their thinking in regard to breaking the law. The methods used to measure achievements in this area were a survey of young people and the observation of case review meetings.¹²

Objective 3

It is an aim of Youth Detention Centres to detain young people safely and in a manner that promotes their well being, especially in regard to suicide risk. The impact of the Secure Care Framework on the health and well being of young people was selected as a possible indicator of achievement toward this goal. Young people were asked questions relating to their health and well being as part of the survey. In addition, informal interviews with nursing staff sought to gauge their level of satisfaction with the Secure Care Framework's capacity to deliver health services within the Detention Centre.

The Phase Two evaluation was informed by the following data collection methods:

- Thirty young people participated in a survey;
- Fourteen Secure Care case review meetings were attended and observations recorded;
- Eleven young people participated in a second survey after their case review meeting;

¹² A case review meeting is a meeting held with a young person, their family and departmental staff to discuss plans for the young person.

- Seven Secure Care panel meetings were attended and observations recorded;
- Two 'Young People's Liaison Group'¹³ meetings were attended and observations recorded;
- The Youth Detention Centres' monthly reports to the Director, Youth Detention Operations Branch were sourced;
- A document search gathered data on the services delivered to ten short-term residents;
- Four nursing staff participated in informal interviews;
- Fourteen young people recently released from detention and who were either currently or recently attached to a Youth Justice Service completed a questionnaire;¹⁴
- Individual case files were examined for the presence of case plans. Documents contained in case files were not perused to check the details of the written plan.

In accordance with the original research team's recommendations, this project returned to the original instrument used to survey young people in detention during 1998. Where possible, the responses gathered in 1998 (prior to the introduction of the Secure Care Framework) were compared to this second round of data and comparative analysis presented.

Limitations

In Phase One, researchers' found the lack of documentation in regard to the implementation project a limiting factor. A lack of documentation made it difficult to assess the strengths and weaknesses of the implementation process due to a general lack of documentation describing the rationale behind the strategies employed, the methods used to introduce the Secure Care Framework into the workplace and what was achieved.

In Phase Two, time and resource constraints meant that a number of tasks researchers intended to undertake could not be completed. This resulted in the following shortfalls:

- Family members, Centre Managers, agencies and ex-residents within adult prisons were not interviewed; and
- Further work is required to test the interface between Youth Detention Centres and Area Offices.

In addition, researchers found a lack of records which detailed the frequency and nature of off-centre activities made by young people as part of their reintegration plans. This made it difficult to measure trends in the use of community based reintegration activities and the number of incidents associated with this type of activity.

It is also important to note when considering the findings in relation to young people's sense of personal safety, that residents of the John Oxley and Sir Leslie Wilson Centres were aware of the pending transfer to the newly built Brisbane Youth Detention Centre. This was reported to be an unsettling time for young people and could have impacted on some of their responses.

¹³ This meeting is held once a month and involves the Centre Manager or delegate and a representative young person from each of the sections. The meetings are held to provide young people with the opportunity to discuss any issues.

¹⁴ This data was gathered by researchers conducting an evaluation of the pilot Youth Justice Services. The Services were established in 1999 in Ipswich, Logan City and Townsville/Thuringowa. These Services provide specialist youth justice service delivery.

Finally, there are problems associated with self-reported data from young people. Young people were sometimes reluctant to be interviewed, found the interviews to be long and demanding and found some questions difficult to consider and, in some cases, confusing. However, during the interviews every effort was made to ensure the young people's understanding of the questions and the language used in the questions was chosen to assist them to understand what they were being asked.

Measuring tangible results was always going to be a challenge, and so it proved to be. It is hoped that the findings and recommendations presented in this report will help to improve and develop the effective delivery of benefits to young people in Queensland's Youth Detention Centres.

Evaluation Findings

Phase One Process Evaluation

The Implementation Process

The process evaluation focussed on the implementation of the Secure Care Framework. The implementation of the Secure Care Framework was treated as a discrete project beginning in March 1999 and finishing by the end of August in the same year. The evaluation identified difficulty in assessing the strengths and weaknesses of the implementation process due to the general lack of documentation describing the rationale behind the strategies employed, the methods used to introduce the Framework into the workplace and what was achieved. The lack of documentation covering the content of the training sessions made it difficult for the evaluators to gauge the strengths and weaknesses of this material. However, based on the views of a number of staff across the centres, it would seem that information sessions conducted by the implementation team successfully relayed the concept and principles underpinning the Secure Care Framework to their audience. A lack of instructional training to staff in completing the Secure Care forms was, however, identified as having contributed to a shortfall in the number of staff at the time of the evaluation who were willing and able to complete the prescribed forms. This is reflected in the evaluation findings to follow.

The extent to which the Secure Care Framework had been implemented at the time of the evaluation can be measured on three levels:

- Conceptual level, where research found a high level of support for the aims and objectives of the Secure Care Framework;
- Practice level, where the core tasks of the Framework, such as regular case reviews and Secure Care Panel meetings were well established; and
- Documentary level, where implementation had not been so successful.

Conceptual Level

In regard to the level of agreement on the conceptual level, the principles of the Secure Care Framework were very well supported across the whole range of occupational groups in all three Youth Detention Centres. Staff were highly appreciative of the Framework's objectives in regard to the targeting of interventions, the integration of working roles, the inclusive nature of the decision-making process and the emphasis on accountable practice. There was a very high level of agreement among respondents in regard to the principle of integrating the roles of the various occupational groups. Some people felt there had been some effort to work together in this way prior to the implementation of the Secure Care Framework and that the new process provided the tool to achieve this objective more effectively. Most respondents reported that the Secure Care Framework was instrumental in providing the means to share information between occupations.

Practice Level

At the practice level, the core tasks of the Framework, such as regular case reviews and Secure Care Panel meetings were well established.

Secure Care Panel

The Secure Care Project (1999) resulted in the creation of a 'Secure Care Panel', a decision making body made up of key centre staff. Meeting weekly, their principal purpose is to endorse or amend the Secure Care Plans produced as part of the case review process. This arrangement was intended to provide greater levels of coordination, 'integration and oversight' for each occupational group included in the case planning process (FYCCQ,1999a:22).

The evaluation observed that the Panel members at all three centres demonstrated their commitment to ensuring proper consideration of the key issues. The needs of the young person, the dynamics of the residential sections, the security and good order of the centre and the needs of the community were the constant focus of the matters discussed during the observed Panel meetings.

The quality of written information varied according to the reporting skills of individual staff, however, the quality of the verbal information was generally of a very high standard. In most cases, the combination of written and verbal information presented at the meetings appeared to be sufficient for the Panel to arrive at a decision in regard to each case plan.

The data gathered during the evaluation confirms that the core members¹⁵ generally attend Secure Care Panel meetings. However, the need to secure the representation of Indigenous people at Secure Care Panel meetings was identified. At the time of the evaluation, representation was made on an ad hoc basis when an Indigenous Caseworker was asked to present a proposal in person. Since the evaluation, further consideration has been given to the lack of Indigenous representation and discussions have occurred to identify how to improve Indigenous representation at these meetings.

Participation of young people

The Secure Care Framework aimed to lift the level of participation of young people in the decisions that affect their lives. It was anticipated that the Secure Care Framework would increase the opportunities for young people to be involved in this process and that the level of this engagement would range along a continuum that would include young people:

- Providing the information on which decisions were made and the reasons for them;
- Being informed of decisions and the reasons for them;
- Being consulted prior to a decision being made;
- Sharing in the decision making; and
- Initiating and making their own decisions (1999a:27).

Although only two young people were observed attending Panel meetings, a tentative assessment would indicate that a young person's attendance at these meetings:

- Is an effective means of increasing the young person's understanding of the decision making process;
- Should be planned ahead, with all representations carefully considered and support people in place; and
- Will be unlikely to result in any real sharing of the decision-making process without some attempt to address the imbalance of power between the parties.

¹⁵ Centre Manager (as chairperson), Senior Unit Coordinator, Unit Coordinators (Unit Leaders at Cleveland), Senior Practitioner and Case Management Officer.

The attendance of young people at Panel meetings was something indicated in this evaluation as requiring closer examination during the Phase Two Evaluation.

Case Reviews

The Secure Care Project (1999) considered that the regular review of case management plans for each young person was important if the targeting of interventions was to remain relevant. Case reviews were set in place to ensure the ongoing participation of the young person and to allow for the monitoring of planned outcomes. Regular reviews serve the following purposes:

- Assessing the effectiveness of interventions;
- Re-assessing risks and needs based on any changes that have been made over time;
- Considering any new information that has been obtained; and
- Confirming or amending intervention plans in light of the above (FYCCQ, 1999b:46).

The evaluation identified that the practice of conducting regular case reviews was well established, with a base requirement of 35 days¹⁶ between admission into detention and the point when the first or initial Secure Care Plan is presented to the Panel. On average young people at two of the centres were having their Initial Plans to the Secure Care Panel completed on time. Only one of the centres experienced delays and since the evaluation there have been indications that efforts have been made to improve in this area.

Participation of young people

Based on the observations made during the four case reviews attended, it seems that as a forum, the case review provided a better opportunity for the young person to participate meaningfully in the decisions that are made in regard to their routines, program attendance and Fixed Release Orders¹⁷, than the Secure Care Panel. The young people observed attending case reviews seemed relaxed, keenly interested and aware that the plans being discussed were open to some level of negotiation. They often argued their own cases assertively and seemed to understand the matters being discussed. When the issues became complex, all Caseworkers¹⁸ were quick to halt proceedings until everything had been explained to the young person and s/he had indicated their understanding.

Not all of the exchanges between the young people and the adults were of a positive nature, with some young people complaining about the decisions that were being made. Problems sometimes arose when the young person was surprised by what was being planned for them, particularly during the construction of Fixed Release Orders. The young person could also become unsettled when they saw that decisions were being based on written reports and plans that they did not trust. The case review process did, however, provide young people with the opportunity to express their thoughts and feelings in a supportive forum. The young people appeared to be aware of the significance of the decisions being made and eager to take part in the process.

¹⁶ Youth Detention Centre Practice Framework Manual – Chapter 16: Phase 3 Activities.

¹⁷ A Fixed Release Order is the remaining period of a Detention Order served in the community and supervised by the Department of Families.

¹⁸ A Caseworker provides counselling and support to young people within the Detention Centre.

The Review Group

As a strategy toward the objective of transparent and accountable practice, the Secure Care Project (1999) established the need for a 'Review Group' or a panel of external stakeholders who would examine and report on the practices of the Secure Care Panel. Members of the Review Group were to be drawn from Indigenous, youth and community agencies and be given the task of monitoring the Secure Care Framework in practice. The Brisbane Group is made up of representatives from the Youth Advocacy Centre, the Aboriginal and Torres Strait Islanders Corporation (QEA) for Legal Services and the Victims of Crime Association Incorporated Queensland. A Review Group was also formed for the Cleveland Youth Detention Centre.

Documentation Level

A key finding of the research undertaken in Securing the Care Project (1999) was the need to design 'new assessment instruments, information systems and forms to support the revised case management practices' (FYCC, 1999a:22). Consequently, new forms, assessment instruments and recording systems were designed as supporting mechanisms to the Secure Care Framework. As a set of procedural guides, the new forms aimed to direct case management practice in a way that would lead to the achievement of the outcomes sought by the Secure Care Framework.

One of the key findings of the process evaluation, (identified from an examination of case and other centre files and interviews with staff across the centres), was the extent to which a number of staff had resisted performing particular tasks, often those they felt uncomfortable about, or those that were particularly time consuming. In some cases, this created measurable shortfalls in the types and amount of information being documented and presented to the Secure Care Panel as the model's decision making body.

The role of the Secure Care Panel is made reasonably clear within the practice manual and Secure Care project publications, however, the capacity of the Panel to perform these tasks effectively is dependent on a number of other factors which are largely the responsibility of others. These responsibilities could be described as a reasonably complex set of interdependent tasks, where the completion of one piece of work depends on the availability of another. Such a system requires close coordination and supervision. The evaluation identified that the support mechanisms in place, such as the maintenance of case review schedules and Panel agendas, did not seem to function as well as they could.

Across all three centres, Secure Care Plans (and the pieces of information that are supposed to form attachments to it) were not being presented to the Secure Care Panel as completely as anticipated by the Secure Care process. In all three centres, there appeared to be a lack of clear understanding in regard to who was responsible for bringing all the completed paperwork together as a set of documents and to make them ready for presentation to the Secure Care Panel. This lack of direction in regard to the collection and presentation of Secure Care documents resulted in a significant departure from procedure. This issue has since been addressed through the role of the Case Management Officer (CMO)¹⁹ who is now responsible for alerting all occupational groups of meeting times and collecting the required documentation.

¹⁹ The CMO is responsible for the administrative function of the case management process including accurately and thoroughly recording a young person's records, calculating order duration, eligibility and release dates, for ensuring the lawful release of young people in detention, recording programs attendance of young people and compilation of relevant statistics.

A lack of instructive training in the completion of forms was identified as a significant problem by all Section Supervisors²⁰ and a number of Caseworkers interviewed during the evaluation. It was estimated that about half of the Caseworkers and Section Supervisors would have benefited significantly by attending instructive training sessions. At the time of the evaluation, the Youth Detention Practice Framework Manual covering the Secure Care Process had only been available for approximately eight weeks. If the instructive detail normally provided in a practice manual had been available during the implementation phase, then perhaps many of the questions raised about 'how to' work with the Secure Care Framework could have been answered. Since the evaluation, the need for the development of Secure Care training packages has been identified as being of critical importance and further development is occurring in this area.

The process evaluation also identified a few cases where prescribed forms had been modified, either to suit the preferences of staff using them, or to solve a problem when a Secure Care form did not quite meet a particular documentary need. Although the Secure Care forms were revisited in August 1999 and simplified, there remains a fairly constant call for further adjustments and simplifications. However, care needs to be taken that the integrity of the process is protected. Since the evaluation, a form review workshop involving the Secure Care Manager's has been planned to identify any necessary improvements in this area.

The principal area of concern in regard to the Caseworkers' approach to documentation was the very low level of adherence to the prescribed method of assessing the needs of each young person. Two forms were specifically designed to introduce a more comprehensive approach to needs assessment. Caseworkers indicated that the 'Offence and Needs' Form was an overly structured approach to the interview between them and the young person and that a more informal process produced sufficient information regarding the criminogenic needs of young people. In regard to the limited and incomplete use of the second assessment form, the 'Identified Support Needs' Form, Caseworkers expressed a general disapproval of recording information in a table form. The evaluation recommended that attention should be paid to educating staff about how to make assessments of social and criminogenic needs and how to make appropriate recommendations which target those needs. The Secure Care Framework places a strong emphasis on the need for careful assessment as a prelude to targeting interventions. A lack of confidence in how to make these assessments and recommendations was identified by the evaluation as having led to the very low level of compliance in these areas.

This drift in practice had caused problems from a procedural point of view because it resulted in:

- Insufficient documentation in regard to identified needs;
- Insufficient evidence that interventions were being targeted according to need;
- Insufficient documentation to show the young person had been consulted during the case planning process; and
- A shortfall in the information that was presented to the Secure Care Panel.

²⁰ Section Supervisors are responsible for developing, coordinating, monitoring and supervising activities of Youth Workers in the delivery of services to young people in detention, and monitor at the unit level the implementation and delivery of the intervention strategies identified in resident young peoples' Securing the Care Plans.

The drift from prescribed practice as identified in each of the above areas is not necessarily indicative of poor casework. Senior staff pointed out the need to draw distinctions between good casework and good paperwork, for good reason. Shortfalls in documentation do not necessarily reflect shortfalls in practice and the truth of this statement was partly supported by observations made during the course of this evaluation. However, the problem is that poor documentation very often means poor evidence of good practice, which in turn undermines the principle of accountable practice. Fortunately, the Secure Care Framework is a rigorous structure, explicitly set out within the Youth Detention Practice Framework Manual and on the forms themselves. For this reason, much of the drift away from prescribed practice could be addressed simply by increasing the level of supervision.

In conclusion, the process evaluation found that the Secure Care Framework contains a number of features which assisted its implementation.

- There was a high level of agreement among participants in regard to the principles and objectives of the Framework;
- The Model is structurally sound and very instructive; and
- The emphasis on role integration will continue to be well supported by all participants.

Steps have already occurred to address the issues relating to documentation. Most particularly Secure Care Manager's²¹ have subsequently been appointed at each of the centres. This position has the responsibility for the maintenance and supervision of the Secure Care process. In addition, the positions of Principal Program Development Officer²² across the centres and the Monitoring and Compliance Officers²³ at each centre are contributing to the maintenance and supervision of Secure Care processes.

²¹ For further details of this position refer to page 39.

²² *ibid*

²³ *ibid*

Phase Two Impact Evaluation Findings

The task of the second phase of the evaluation was to assess the impact of the Secure Care Framework upon the delivery of services within the Detention Centres. Considerable time was intentionally allowed between the implementation of the Secure Care Framework in March 1999 and the evaluation of its impact in April 2001. This allowed sufficient time for staff to become familiar with the procedures and also allowed for areas for improvement to be identified. The findings of this evaluation are presented below in two main sections. The first refers to the views of young people obtained from the completion of a survey instrument. As mentioned in the methodology section, where possible these findings have been compared with the findings from the original survey of young people conducted in 1998 prior to the introduction of the Secure Care Framework. The second section of findings relates to observations of the Secure Care review process and Secure Care panel meetings. Additional information in relation to short-term residents is also included.

Young Peoples Views

The findings in relation to the respondents' views on detention were generally positive, with young people expressing a reasonably balanced view on why they are placed into Youth Detention Centres and what the centre is aiming to do. The majority of young people understood that they had received a custodial sentence because they had broken the law or "*done the wrong thing*". Most young people believed that the main purpose of Youth Detention Centres was to either protect the community from the crimes they had been committing or to remove them from the community for a period of time.

Although the needs of the community were understood by most young people, this survey showed a reasonably significant increase (since the original survey) in the percentage of respondents who also believed the detention centre was there to help sort out what they would do upon release. The findings also show a small decline in the responses of young people who believe Youth Detention centres are there to discipline and punish. These findings reflect a positive shift in the views of young people about detention since the original survey.

In regard to what young people thought they needed help with while in detention, a range of responses were given. The most common areas in which young people thought they needed help were getting ready to work, finding employment and getting an education. There were some very positive descriptions of the centre's ability to meet young people's needs. The following comment made by one young person provides an example of how the centres assist young people. "*My behaviour. They keep me in here if I do something wrong; they stop me, make me do chores. My attitude (needed fixing). I used to swear at the kids and I got chores for that. They made me stop swearing and respect the people. (I need help with) family problems, I ask questions and get things off my chest.*"

Many young people considered that their every need was met, and that this support was partly delivered through positive relationships with both Caseworkers and residential staff.²⁴ Young people were often so positive about the way in which their needs were being met, that when asked what they needed help with, many said nothing because everything had already been taken care of. Statements such as "*I get everything I need*" were fairly common, with one young person going to length to explain: "*I get every help I need in here, I've learnt to read and write. I never knew before, (but) they work along with you in here; they want you to learn. At normal school they just do it to get paid. I never learnt to read before.*"

²⁴ Residential staff attend to the daily care of young people within the accommodation sections.

Programs and Activities

The findings in relation to programs were generally very positive. Young people reported attending a range of programs that could be described as broader than those offered to young people taking part in the original survey. Without access to the completed questionnaires from the original survey, it is difficult to judge how those researchers grouped the programs into categories, but researchers conducting this survey were compelled to broaden the categories to accommodate all responses. The types of programs listed by young people during this survey resulted in a doubling of the number of categories since the original survey. In addition, there was a significant drop in the proportion of young people who felt that the range of programs on offer was insufficient. These results indicate a marked improvement in the level of satisfaction among young people in regard to the range of programs offered. There were also a higher percentage of responses describing the programs as being useful than in the original survey. It was also very encouraging that over half of the respondents considered that the programs had helped them to think differently about their offending behaviour. Some of the respondents also declared a sense of personal agency when it came to attempts to change their thinking. For example, one young person commented, *“It’s up to yourself. If you say you’re getting out of here and break the law, you will – if you think you won’t, you won’t”*.

When asked if they were involved in decisions about their program attendance, 57 per cent of young people indicated they were, whilst 37 per cent of young people indicated that decisions about their program attendance were made without their involvement. Results were encouraging in regard to the young people’s perceptions of fairness when it came to program attendance. Even though many respondents had said they were not part of the decision-making process, when compared to the results of the original survey, there was a significant increase in the number of respondents who felt their program attendance had been managed fairly. During the original survey, a number of young people considered that their behaviour influenced decisions about their program attendance. In this survey, no young person reported that their behaviour was a deciding factor.

While further work needs to be done in order to assist young people to link their program attendance to their offending behaviour, these results show important gains have been made in regard to the range of programs offered, the perception of fair treatment, and in young people’s perceived value of program attendance.

Casework and Case Planning

The survey findings in regard to casework and case planning were mixed. Young people reported a high level of positive personal contact between themselves and their Caseworkers. Many young people felt their Caseworkers provided a high level of support, both personally and practically. Young people generally described the relationship with their Caseworker as being very positive. It was apparent that in most cases the Caseworker was meeting the immediate needs of young people very well.

The main concerns arising from the survey relate to the young person’s level of engagement with the case planning process. A significant number of young people were confused about the case planning process. They were unsure of whether they had a case plan or not, showed a low level of knowledge about what their plans contained, and did not link case review meetings to the planning process. No doubt there are a number of factors contributing to this low level of knowledge among young people in

regard to the case planning process. One almost certainly being the fact that some young people are indifferent to the process, not wanting to be part of it and not wanting to think about it. Another factor contributing to these results is that some young people are happy to leave the decisions to others, trusting the Caseworker to make the right choices on their behalf. However, it is clear that most young people thought they should be involved in the process but did not believe they were, or were confused about their role.

Throughout the interviews it was apparent that young people considered access to information about matters that directly affected them to be very important. Access to information was often linked to perceptions of fairness, with arrangements considered to be unfair when information was difficult to access, and fair when information was available.

Contacts and Networks

In regard to the contact young people have with people outside the detention centre, the results were generally positive. Young people indicated that visits from family and phone calls were the main forms of contact, and most young people thought the decisions about their contact arrangements were fair. Most young people considered they were involved in working out what contact they had. No young person said their contact with other people was dependent on their behaviour. In regard to networks, Community Visitors²⁵ and community agencies did not feature among the networks to which young people said they had access. They were more likely to nominate Caseworkers and Youth Workers as people who would help them inside the centre, and family members as the people most likely to assist outside the centre.

Health and Well Being and Suicide Risk

In regard to health and well being, the majority of young people reported that their health needs were looked after and that they had learnt new ways of looking after their health while in detention. The majority of young people also reported that the Detention Centre provided a safe environment in which to live and that staff would protect them if they felt their personal safety was threatened.

Young people demonstrated a reasonably high level of knowledge about how their suicide risk was managed. They often considered the process to be fair because the risk of suicide was a serious matter and needed careful management.

Nursing staff from the detention centres were also interviewed about their views in relation to the delivery of health services to young people in detention. The nursing staff interviewed for this research were generally confident about their capacity to deliver health services to these young people. They considered that the structural arrangements within the Youth Detention Centres, of which the Secure Care Framework is one, placed them in a satisfactory position from which to deliver their services.

²⁴ Previously known as Official Visitors when they fell under the responsibility of the Department of Families. The Commission for Children and Young People is now responsible for Community Visitors.

Case Reviews

The Secure Care Framework requires the review of each young person's case plan at regular intervals. The young person, their Caseworker and their Family Services Officer attend case review meetings. The families of young people are strongly encouraged to attend, along with any other staff or person in a position to contribute to the review process.

In accordance with the findings of the process evaluation, case review meetings provide an opportunity for young people to have their say. Most young people observed by researchers engaged well during the meetings. They stated their wants and needs, argued the point when they felt obstructed and spoke up when they thought what was being said about them was not true. Fixed Release Orders were presented as reasonably negotiable and young people and their families were given numerous opportunities to discuss the capacity of the young person to comply with their orders. Some young people argued that the conditions of their Fixed Release Order were too imposing, and not surprisingly, wanted to keep these conditions to a minimum. However, most young people seemed genuinely happy with the arrangements being made for them prior to their release from detention.

Where young people were due for release, their accommodation and placement arrangements were covered adequately in most cases. While it was sometimes difficult to reach conclusions in relation to living arrangements, staff seemed to be aware of the issues in each case and young people were consulted in regard to their preferences. It was evident that in most cases the Family Services Officer had gone to considerable lengths to arrange meaningful activities, secure living arrangements and a variety of other supports for young people about to return to the community.

The survey among young people who had recently been released from detention showed that those who were familiar with their Family Services Officer and happy with the amount of information they had been given prior to release, were most positive about their post-release arrangements. These results suggest that there is a measurable link between how well a young person knows their Family Services Officer and how confident the young person is that their contact with the Area Office or Youth Justice Service will go well upon their release.

It was encouraging to see so many families involved in the proceedings. Caseworkers often report that it can be very difficult securing the participation of families in case review meetings, so the number of case reviews which included the family may be testimony to the continued efforts made by Caseworkers in this regard. In terms of outcomes, it is difficult to judge the long term effects of family participation, but it can be said that those reviews that included family certainly ended on a more confident and positive note than those without.

The Secure Care Framework sets out to guide the preparation for case review meetings in such a way that young people should be very clear about the process. This was an area that was identified as requiring further development. Only about half of the young people interviewed by researchers reported that their Caseworker had discussed the case review meeting prior to the meeting with them taking place. Even those young people who said their Caseworker had spoken to them, remained uncertain about what to expect at the meeting and what the next step would be. Residential section reports were not available in many of the review meetings and only four young people reported that

section staff had discussed their report with them prior to the meeting. There was some evidence that while young people may have reported a fair level of satisfaction with the arrangements made on their behalf, the case plans were generally presented as if the decision had already been made. There were limited discussions about the reasons why certain interventions had been decided upon, and there were few opportunities for young people or their families to discuss the goals of case plans in detail.

Young people considered it to be unfair when reports were made about their behaviour without their involvement. These findings indicate that more needs to be done by residential section staff to prepare young people for their case reviews, and to give young people a fair chance to contribute to the assessment process.

The programs attended by young people were listed by Caseworkers during each case review meeting, and the young person's requests for specific programs were covered. While program attendance occupied a fair proportion of the time spent in review meetings, more time could have been spent discussing how programs would be expected to address specific needs. Secure Care assessment tools, particularly those that should be completed by Caseworkers and residential section staff prior to the review meeting, did not appear to inform the planning and review process to the degree that had been intended in the Framework. Links between a young person's offending behaviour and the interventions planned for them could also be made more explicit during the case review meetings. This means that except in very broad terms, the young person is unlikely to be aware of the progress they have made toward the goals contained within their case plans.

Overall, case review meetings provide an important opportunity for young people and their families to participate in the broader aspects of the case planning process. The research found that there is a need to raise the level of understanding among young people about the case planning process and that young people need to be more adequately prepared for case review meetings. There were some very positive findings in terms of how young people used the case review meeting, however, as a place to be heard and assert their preferences. Also, the Caseworker's efforts to include family members had been reasonably successful. However, in the interests of participation it is recommended that more should be done to engage, coach and prepare young people within the case review period.

Secure Care Panel

The findings of the evaluation indicate that the Secure Care Panels are performing their roles as anticipated by the Secure Care Framework. Some questions were, however, raised regarding the efficiency of the Panel's approach in a remand centre. Due to limited opportunities to observe Secure Care Panel meetings at the Cleveland Youth Detention Centre, a decision was made to compare the running of Panel meetings at the John Oxley and Sir Leslie Wilson Youth Detention Centres. It was found that important differences existed between these two centres and these can be partly explained by the different characteristics of the client population in each centre. These results are in accord with the expectations of the Secure Care Framework's design in that John Oxley's Panel dealt with a high proportion of reintegration proposals, and the Panel at the Sir Leslie Wilson Centre spent more time considering the immediate post-detention needs because the centre predominantly housed the short-term residents. Generally speaking, the panel meetings at John Oxley were reasonably predictable in terms of how matters were presented and dealt with. Case plans which has been written up using the Secure Care forms were presented and endorsed for discussion. A number of plans would be dealt with in a single sitting, with

deliberations kept brief. Reintegration plans, where young people were due to commence off-centre activities, were discussed more fully. Some time was spent discussing broader issues affecting the management of young people in detention.

In contrast, the Panel at the Sir Leslie Wilson Youth Detention Centre spent a great deal of time discussing individual cases whether a plan had been presented or not. The approach of the Secure Care Panel at this centre could be described as that of a ‘planning meeting’, where Caseworkers brought problems to the table in the form of “special listings”²⁶ and various options are discussed as part of the decision making process. At this centre it was clear that the Secure Care Panel meeting was often used as a forum for case planning and review rather than as a mechanism for endorsing pre-prepared case plan proposals.

Reintegration

The research provided evidence to suggest that three key factors impact on a detention centre’s ability to deliver outcomes in relation to the reintegration of young people. Firstly, a stable population of comparatively long-term residents creates an environment where there is continuous pressure on management and staff to construct reintegration plans and make decisions in response to them. This results in an accumulation of experience among the members of the Secure Care Panel in providing young people with the opportunity to take part in reintegration activities, while still managing the associated risks. Secondly, the casework team is more likely to have their reintegration plans approved by the panel if they are well constructed. Plans that allow for a gradual and meaningful reintegration of the young person, and are presented in a format that clearly describes timeframes and the benefits to the young person, are more likely to be approved. Finally, the availability of a regular, structured off-Centre activity, such as John Oxley’s Community Assistance Program²⁷, increases the capacity of the Detention Centre to deliver outcomes in terms of reintegration.

Short Term Residents

According to the Secure Care Framework, short-term residents are young people who are either ‘Phase One’ residents (held in custody for three days or less) or ‘Phase Two’ residents (in custody for one month or less). Short-term residents are generally being held on pre-court custody; remanded in custody; or sentenced to detention for less than one month. Due to limited time and resources, the impact evaluation of the Secure Care Framework did not fully examine the implementation of procedures affecting short-term residents.

The evaluation identified the lack of a standardised screening instrument, along with low completion rates of other Secure Care assessment forms for newly arrived and short-term residents had resulted in a shortage of information on the case files of these young people. The documentation observed during the evaluation would not be very useful in a review of a particular case or a group of cases. It would be difficult to show what should have been done, what could have been done and what *was* done to prevent or delay the return of a young person to their offending behaviour or their return to detention.

²⁶ “Special listings” are Secure Care Panel agenda items where the matter is not yet part of a fully constructed case plan, but is important enough to warrant consideration for approval by the panel.

²⁷ An off-centre reintegration program undertaken with the support of various community groups and City Councils.

Summary of Impact Evaluation Findings

Overall the Secure Care Framework was supported amongst staff at the detention centres and there was evidence of good casework practice. Overall responses of the young people were positive and they had few complaints about their experiences while in detention. Most young people reported that they felt safe and were well looked after. Many young people also described positive relationships with Caseworkers, Section Supervisors and Youth Workers. Young people also reported that the programs they had attended had been useful, particularly educational, vocational and drug and alcohol programs.

Areas identified for further development include the documentation of practice and the need for greater involvement of young people and their families in making decisions about their case plans and the need for improved communication between Detention Centres and Area Offices in regards to the sharing of management of Suicide Risk information.

Conclusion

The principal aim of the evaluations was to measure the extent to which the Secure Care Framework has impacted on the lives of young people in Queensland's Youth Detention Centres. Three key issues have presented themselves in both phases of this evaluation. Firstly, it is important to secure the participation of young people in the case planning and review process; secondly, there is a need for standardised assessments of individual young people's needs; and thirdly, the young person's transition between detention and community is a critical point in the case management process.

The Secure Care Framework is complex, reaching into almost every aspect of a young person's detention centre experience. It is hoped that the findings presented in this report will help to improve and develop the effective delivery of benefits to young people in Queensland's Youth Detention Centres.

Where to from here?

Since the implementation of the Secure Care Framework in 1999, a number of significant developments have occurred to strengthen its operation in each of the centres. These developments have been informed by the recommendations of the *Phase One Secure Care Evaluation* (2000) and the *Phase One Youth Detention Centre Key Programs Evaluation* (2000). The new positions of Secure Care Managers at Cleveland and Brisbane Youth Detention Centres, the Principal Program Officer across both centres and the Executive Officer (Monitoring and Compliance) at Cleveland and Brisbane Youth Detention Centres have been created to provide direction and support to the Secure Care Framework and ensure the integration of all aspects of detention operations.

The *Phase One Evaluation of Secure Care* (2000) recommended (recommendation 1.4) that “the responsibility for the maintenance and supervision of the Secure Care process should be allocated to a position not an individual. In this way the task will be attended to regardless of changes in personnel” (FYCCQ, 2000a:63). In response to this recommendation, the position of Secure Care Manager was created and became operational at both the Cleveland and Brisbane Youth Detention Centres in January 2001. The purpose of this position is to manage and coordinate the development, implementation and integration of effective casework and residential services in the centres.

In addition, the *Phase One Youth Detention Centre Key Programs Evaluation* (2000), recommended: “the creation of a position or role within an existing position, based in Head Office to provide program support to all Youth Detention Centres. The position/role would be dedicated to program-related activities such as needs analyses, program development, quality control and evaluation” (FYCCQ, 2000b:59). As a result the position of Principal Program Development Officer (Programs and Casework) was created in October 2000 and became operational in February 2001. The purpose of this position is to oversee and provide consultation on the development and implementation of effective casework services and the delivery of a range of programs.

Finally, a position was created in September 2000 at both Youth Detention Centres. The Executive Officer (Monitoring and Compliance) positions became operational at Cleveland in December 2000 and at the Brisbane Youth Detention Centre in March 2001. The purpose of this position is to provide high level support, advice and co-ordination to the Centre Manager to assist with the compliance, review, inspection and monitoring (accountability) responsibilities of the Youth Detention Centre.

In combination, these five positions are assisting to ensure that the Secure Care Framework is closely monitored and reviewed. The recommendations made in the Secure Care Evaluations and Key Programs evaluation are assisting to inform the ongoing development of youth detention services. In particular, ongoing development will continue to occur in the area of training and the use of forms.

These developments have greatly enhanced the operation of Youth Detention Centres and are continuing to ensure the operation of the Secure Care Framework within each of the Centres.

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Appendix "A"

		Phases			
Key Activities	Pre-Court Custody (1 to 3 days)	Phase Two Short-term Detention (<1 month)	Phase Three Medium-term Detention (< 6 months)	Phase Four Long-term Detention (>6 months)	
Assessment <i>Identification of risks and needs</i>	Immediate risks/ needs identified including: <ul style="list-style-type: none"> presenting health needs legal needs suicide risk. 	Risks/needs preliminarily assessed including: <ul style="list-style-type: none"> presenting health needs legal needs suicide risk presenting factors that may be affecting offending, safety and well-being. 	Risks/needs assessed including: <ul style="list-style-type: none"> offending behaviour motivation social behaviour and self-care suicide risk health needs and lifestyle educational/ vocational needs legal needs release preparation needs other support needs. 	Risks/needs assessed as for Phase Three with an emphasis on: <ul style="list-style-type: none"> de-institutionalisation release preparation needs. 	
Planning <i>Identification of requirements in response to risks and needs</i>	Requirements identified to meet immediate needs and information provided to Section staff. (a)	Requirements identified and information provided to Section and other staff as required. (a)	Requirements identified and information presented to the Secure Care Panel which: <ul style="list-style-type: none"> reviews the assessments and recommended interventions develops a Secure Care Plan that guides all interventions. (b) 	Requirements identified and information presented to the Secure Care Panel as for Phase Three. Proposals are to be developed for on-site and off-site programs to assist: <ul style="list-style-type: none"> de-institutionalisation release preparation needs.(b) 	
Intervention <i>Providing requirements</i>	Immediate needs met and identified risks managed. Information transferred on release.	Identified needs met and risks managed. Information transferred on release.	Identified needs met and risks managed. Secure Care Plan implemented to address <ul style="list-style-type: none"> day to day management section placement education, programs and activities participation counselling and support release preparation. Information transferred on release. 	Identified needs met and risks managed. Secure Care Plan implemented including de-institutionalisation and release preparation plans. Information transferred on release.	

Evaluation of the Framework

Appendix "A"

Key Activities	Phases			
	Phase One Pre-Court Custody (1 to 3 days)	Phase Two Short-term Detention (<1 month)	Phase Three Medium-term Detention (< 6 months)	Phase Four Long-term Detention (>6 months)
Review <i>Establishing progress and evaluating outcomes</i>	Review by Section as required.	Review by Section staff in consultation with Caseworker as required.	Review by Secure Care Panel with progress reports identifying issues and recommendations provided, as required, by: <ul style="list-style-type: none"> • Caseworker • Young person • Education staff • Section staff • Nursing staff • Psychologist • Programs Support Officer. 	Review by Secure Care Panel as for Phase Three.

Notes:

- (a) Any proposed movements to another centre or section within a centre or similar significant events must be listed for consideration and approval of the Secure Care Panel, wherever possible, as for Phases Three and Four. In the event of a decision needing to be implemented urgently the Centre/On-Call Manager may make this decision which is then to be noted by the Secure Care Panel.
- (b) In the event of a decision needing to be implemented urgently, the Centre/On-Call Manager may make this decision which is then to be noted by the Secure Care Panel.