

# MANAGEMENT WITHIN YOUTH DETENTION CENTRES IN VICTORIA

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## **Managing Youth Detention Centres in Victoria**

THIS PAPER DESCRIBES A NUMBER OF KEY INITIATIVES THAT THE Victorian Department of Health and Community Services (HCS) has introduced to ensure youth detention centres are better managed.

The approaches that are described in detail include:

- unit management;
- client service planning;
- health services management;
- structural review of youth worker category.

Victoria has three youth detention centres covering male and female populations of age 10-20 years. The functions of each are as follows:

### Parkville Youth Residential Centre (Parkville)

- 10-14 year old males and females (sentenced and remand);
- 15-16 year old females (sentenced and remand);
- 17-20 year old females (sentenced from adult courts).

### Turana Youth Training Centre (Parkville)

- 15-16 year old males (sentenced and remand);
- 17-20 year old males (sentenced from adult courts).

Malmsbury Youth Training Centre (South of Bendigo)

- 17-20 year old males (sentenced from adult courts).

Appendix 1 provides the client populations and staff levels of each centre as at 30 June 1993.

Detention centres are difficult facilities to manage for a number of reasons. These include:

- nature of the clients (and turnover);
- need for 24-hour direct client care (and minimum staffing levels);
- need for provision of total care for disadvantaged young people;
- need for security and accommodation;
- complexity of the task at hand (often not recognised);
- humans are involved—with all their unpredictability and individual differences.

Adding to these inherent difficulties and "givens" are some other exacerbating factors.

These include:

- run down physical condition of buildings;
- lack of interest in and low priority given to detention centres by management and the community;
- overcrowding and inappropriate admissions (dumping);
- poor work practices and inappropriate restrictive practices;
- inadequate recruitment, selection and training practices;
- poor networking and inadequate promotion of successful practices;
- weak facility management.

Fortunately, these matters can be addressed and are being addressed in every State and Territory of Australia in their various ways.

### **Unit Management**

Unit management is the management of all functions of one part of a facility (in our case Youth Training Centres/Youth Residential Centre) or business, with one final point of accountability and responsibility for these functions, particularly client services and outcomes. The aim is to improve the standard of care and efficiency.

Unit management is currently being introduced within all three facilities in Victoria. Procedures have been developed and training has been conducted for the nine unit managers. Management is committed to the proposition and it will take a further 12-18 months to ensure full and effective implementation.

Implementation of a unit based model of management represents both structural and cultural change to the YTC/YRC model of service delivery.

Structural change is concerned with new functional models designed to better meet the requirements of the wider organisation, environment and client group. Structural change impacts on roles, duties, hierarchies and systems. Structural change leads to redefinition of how business within the organisation is conducted and usually results in a clearly defined set of competencies, tasks and jobs.

Cultural change generally requires a shift in the organisation's shared understanding, values and beliefs to support the structural dimension of change. Ideally, cultural change results in individuals and groups integrating, accepting and supporting the organisation in ongoing change.

The key outcomes of unit management are seen to be:

- improved client outcomes through clearer responsibilities/planning;
- stronger and more motivated work teams;
- cultural change due to clear accountability and responsibility;
- improved integration of operations and programs;
- improved control over resources, services and visitors.

In the development of unit management a number of principles that underpin effective unit management have been identified.

These include:

- all management responsibilities are delegated to the lowest practical level in the facility;
- delegations for all aspects of facility operations are clear and documented;
- final accountability for client services and outcomes rests with the unit manager;
- management structures are flat, with one reporting point for each staff member;
- unit planning is essential;
- unit management principle operates 24 hours a day every day;
- staff roles and responsibilities are as broad as possible;

- unit managers are part of the facility's management team.

*Key features for effective unit management*

The features of the Victorian system of unit management cover the issues of accountability, delegation and management principles. Combined and fully implemented, the features can result in realisation of all of the outcomes listed above.

Some features of the unit management structure and organisational arrangements include the following (*see Appendix 2*):

- Key workers who have the central relationship with clients, are only two levels of supervision away from the unit manager who has final responsibility and accountability for client care and outcomes.
- In turn the unit manager is only at most two levels of management away from the CEO. One facility in Victoria has the unit manager reporting direct to the CEO.
- Unit managers can have responsibility for more than one accommodation setting or section or function. Additionally designated program workers can also be included in the unit to work across one or more sections to aid program integration.

The key features of unit management that are essential for its success include the following:

- There must be a single point of care, accountability and responsibility for each client within the "unit" across 24 hours. Quality of care and programming for clients therefore, is the key responsibility of the unit manager.
- Each team needs to have a delegated power to control its own operations. Delegations of all functions to unit staff must be specific and clear (and in writing).
- Unit staff have a broad range of duties and responsibilities in providing for the needs of clients including custodial duties, day-to-day care and supervision, individual case planning and program functions.
- All clients have a designated key worker and Client Service Plan (see below) endorsed by their unit manager.
- Each unit manager should have responsibility as far as is possible for all resources allocated to the unit including staff, overtime, program time, facilities, capital works, volunteers, and so on. Categories of responsibilities are at Appendix 3. These were developed from management competences prepared by the Staff Development Branch (H&CS 1992). The extent of delegation of these responsibilities is one

of the more important implementation issues facing us. The systems for delegating certain functions need to be in place, as does the skill level of the recipient of the delegation. One area that ideally should be delegated is that of finance. However, it is not a straightforward function to delegate, pending extensive training and information for the relevant staff.

- The chain of command between CEO and unit manager should be as short as possible—preferably direct or, at most, one level away.
- The management structure should be as "flat" as possible.
- The night supervisor, when the unit manager is not on duty, is the "agent" of the unit manager and should operate according to clear unit management guidelines and established procedures. Given that most critical incidents that occur in detention centres occur out of hours, this is an essential feature.
- The use of specialist services to meet clients' needs is by way of referral, and does not involve the delegation of authority. Unit staff still have responsibility for their clients, and cannot "dump" them on other supporting program workers.
- Unit managers should work at least nine days per fortnight to enable effective unit management and contact with all facility and unit staff. This overcomes past practices where middle managers tended to work shifts that shared unit management across more than one person on a three on and three off basis. The three/four day per week attendance of the former practice led to gaps in staff and client management and supervision.
- Unit managers operate according to a unit plan they develop in conjunction with their CEO. This ensures basic and developmental activities are introduced in an ordered, systematic and strategic manner.

While a large part of the success of any unit will depend upon the unit manager, shift leaders, key workers and all other personnel within each facility all have key roles in the delivery of effective and efficient custodial services.

Unit managers are at the interface between senior management and direct care workers of each facility and thereby have to balance the demands of client service standards and responsibilities and being a key manager of the facility.

While the unit manager may be absent from the "floor" from time to time while undertaking broader management roles, it is expected that unit managers will not lose touch with the pressures and "occurrences" related to direct client care operations.

Finally, it is important to stress that the creation of a unit manager with final responsibility for all client matters in the particular unit, does not reduce or absolve shift leaders and key workers of their respective responsibilities of effective and sound client care. If anything, unit management increases the role of all unit staff in the provision of professional supervision and care of young people in custody.

The challenges we see ahead can be summarised as follows:

- Staff acceptance and capacity to take up the new and broader responsibilities. Historically, we have not delegated as many functions and responsibilities from the CEO's desk at all levels. Accordingly, some staff may not be ready to take on the various responsibilities we expect of them without further information and training and role clarification.
- The production of clear delegation statements on all facets of the unit's business, with accompanying operational standards and procedures to measure compliance. To aid this process suitable proformas are being developed on all aspects of unit business.
- The dual role we expect of unit managers, as mentioned earlier. On the one hand they are managers of the entire unit and part of the management structure, while on the other hand, they represent the final accountability point in the unit for client outcomes. Their mix of management, supervision and floor responsibilities will require a judicious balance being struck with respect to priorities, emphasis, work location and delegation.

Unit management is seen as the central plank in our way forward to better management of our facilities.

### **Client Service Planning**

Just as unit management draws together all parts of facility business, client service planning manages the provision of all aspects of care and rehabilitation for clients.

Mansfield (1992) at the Australian Institute of Criminology's National Conference on Juvenile Justice in Adelaide outlined in detail the Client Service Planning (CSP) approach we are taking to young people in custody. This paper will only touch on some aspects of that paper.

In some respects the challenges of implementing CSP to youth facilities are similar to implementing unit management. Staff have been used to working in certain ways over a long period of time and now are being asked to apply management principles and systems to their work, particularly with clients.

If you ask twenty practitioners about their views on case planning practice and how they should go about it, there will be twenty different views, albeit mostly on the same theme and presumably achieving similar client outcomes in most situations. However, it was felt in H&CS that we

could do better than that in our most fundamental task of rehabilitating and caring for clients. Accordingly, a corporate client services planning framework was introduced throughout the Department.

The CSP model aims to achieve the following:

- The service provided is tailored to the needs of the client as identified by a systematic assessment process.
- The services provided for clients is continuous, linking both custodial and community based services and participation with a plan following young people through the system.
- Clients are considered in their totality (that is, all aspects of their life are assessed and developed).
- The match between existing services, user needs and staff expertise is improved.
- Accountability and responsibility for each client and their developmental needs are clear.
- By promoting a corporate model with clear steps and processes, all staff are more informed about effective case practices and client service planning.
- Young people have significant input into the planning process.

CSP enables facilities to manage and integrate all the services and programming in accord with the statutory requirements upon the Department. Individual goals set with the client can therefore comply with the responsibilities of the organisation and goals for each person in custody (or on a community based order).

In order to meet the various goals set for the young person it is necessary to have a wide range of services and programs. Not only does the person's access to programs and services require management, but the provision of such services within the facility also requires management. (This issue is discussed in a later section of this paper.) With respect to the management of individual client service plans, the three central players are the key worker, case manager and client service planner.

The roles of the key worker are well defined and involve direct client contact. While the young people have to feel empowered to make their own decisions and take action, the key worker is the person who actually implements the necessary action for and with the client. This can include arranging program access (for example TAFE programs or health programs), advocacy, or family visits.

The case manager has responsibility for the implementation of client service plans for all young people in the unit. In the unit management model presented earlier, unit managers assume this role. Unit managers may

delegate some oversight of the key worker's role to the shift leader as well as encourage support from the shift leader to the key worker.

The client service planner has overall responsibility for ensuring that the client service plan is developed. In view of the fact that young people return to the community with or without supervision after their custodial stay, managers of community based units assume the role of client service planner. This choice of client service planner ensures service continuity for each client when he/she passes from custodial to community based settings and vice-versa.

As with unit management, clear standards and procedures have been developed for inclusion in standards manuals being produced for the Victorian juvenile justice system.

Extensive training has also been necessary for every youth worker in the system. Additionally, to ensure that all stakeholders are familiar with the CSP and management of this process, various information and training sessions have been conducted to ensure the smooth implementation of the CSP process.

### **Health Services Management**

As part of the CSP process many "life" areas are covered in the young person's plan. The major areas include health, education, employment, recreation, family and confronting offending behaviour. To ensure that the relevant services are delivered to the young person in a measured and meaningful way, it is necessary to be clear about the management and delivery of each and every service.

In Victoria, to ensure proper management of a variety of client health services, this has been achieved through the appointment of a health services coordinator (a senior nurse) to chair a weekly health coordinator's meeting—*see* Appendix 4. At this meeting all relevant health practitioners meet with the health services coordinator and the health issues relating to the particular clients on the agenda are considered. Appropriate referrals are then made. This method, while appearing simple, has overcome the random method whereby visiting health workers would roam the units identifying the young people whom they thought needed attention.

By linking the delivery of health service to the young person's CSP, which contains a complete health assessment, the young person's primary health needs can be met in an efficient and effective manner. The added advantage of this management approach is that optimum use can be made of the health resources available to young people in custody. Additionally, particular health issues (for example, warnings about fatal conditions exacerbated by exercise etc) can be properly transmitted to the key worker by an addendum to the young person's Trainee Information File, which is kept in the unit.

By introducing early screening and a health services coordinator function and meeting, all health services are coordinated and integrated into the total operation of the facility and CSP. Given that health issues are one of the most troublesome areas of most young offenders' lives, professional and efficient delivery of health services are essential.

The referral of a young person to a health worker is for a specific purpose and not a vehicle for the key worker to abdicate his/her responsibility towards the client. While this sounds an obvious point, it is important that the key worker receives the "prescription" and recommendations of the health worker and acts on them in consultation with the young person.

### **Structural Review Of Youth Worker Category**

The Youth and Child Care Officer Occupational Category Agreement (H&CS 1993) reflects another area of change that will ensure the better management of Victoria's facilities.

Over the past five or so years a number of work practice changes have occurred in exchange for various employee benefits as part of Government wage fixing arrangements. However, the latest agreement allowed a category review which led to the redefinition of all youth worker levels and minimised the ambiguity associated with certain work practices.

The various duty statements were all rewritten to ensure that CEOs had a clear mandate to operate their facilities in accordance with unit management guidelines and to implement the more complex and demanding features of the CSP process.

While it may appear to be a fairly pedestrian reform, H&CS has made a number of obvious gains with respect to the management of its facilities. Some of these include:

- Flexible redeployment of staff;
- Varying levels of staffing depending upon the demands of the tasks;
- Changed shift work arrangements for enhanced flexibility and cover (for example, varying shift lengths, part time);
- Rosters of reduced hours per week;
- Casual and part time employment;
- Revised leave arrangements and sick leave management;
- Skeleton staff during industrial disputes.

### **Conclusion**

This paper has covered some major reforms in some detail but has not addressed some others.

Some other issues that should not be neglected in the better management of facilities such as youth detention centres include:

- Sound discipline and industrial relations policies and procedures;
- Provision of unqualified support to CEOs in all aspects of their work;

- Judicious appointments to senior facility positions (prior facility experience is not a mandatory qualification—management experience is!);
- Linkage of facilities to the outside world;
- Systematic training and development opportunities for all managerial and supervisory staff—particularly team building and strategy planning skills;
- Availability of user friendly operating manuals;
- Protocols for service delivery to external providers (for example, visiting doctors, volunteers, clergy).

If the various management initiatives outlined in this paper are implemented, youth centres will be more effective and efficient for both the good of clients and staff.

### References

Health & Community Services 1992, Youth and Child Care Officer Occupational Category Agreement between CSV and SPSF, Victoria.

Jones, G. 1993, *Health Promoting Approaches to Juvenile Justice in Victoria*, Health & Community Services, Victoria.

Mansfield, P.A. 1992, *Client Services Planning for Young Offenders in Victoria*, Health and Community Services, Victoria.

Staff Development Branch 1992, *Health & Community Services Management Competencies*, Health & Community Services, Victoria.

### Acknowledgements

I would like to acknowledge the work and ideas of the following colleagues of my Section.

Gerard Jones	Health Services Management
Pam Mansfield	Client Services Planning
Johan Top	Occupational Category Agreement
Marilyn Minister	Unit Management
Diana Batzias	CEO, Management in Practice

# APPENDIX 1

*Table 1*

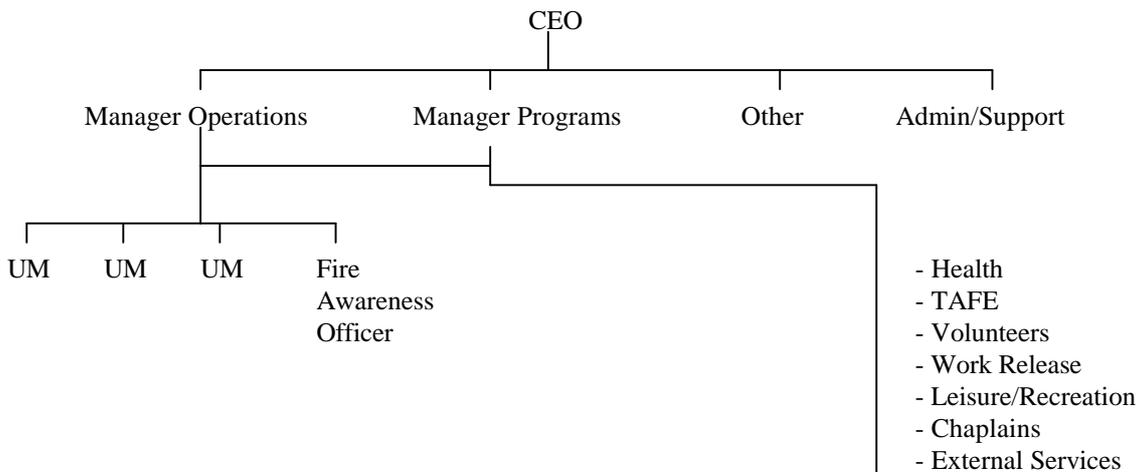
## Victorian Youth Detention Centre Data (30 June 1993)

	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>Parkville</i>			
* 10-14 years			
Sentenced	1	-	1
Remand	4	-	4
* 15-16 years			
Sentenced	n/a	-	-
Remand	n/a	2	2
* 17-20 years			
Sentenced	n/a	1	1
Sub-Total:	5	3	8
<i>Turana</i>			
* 15-16 years			
Sentenced	26	-	26
Remand	8	-	8
* 17-20 years			
Sentenced	21	-	21
Sub-Total:	55	-	55
<i>Malmsbury</i>			
* 17-20 years	45	-	45
Sub-Total:	45		45
<i>Totals: (Sentenced and Remand)</i>			
10-14 years	5	-	5
15-16 years	34	2	36
17-20 years	66	1	67
<i>Total:</i>	<i>105</i>	<i>3</i>	<i>108</i>

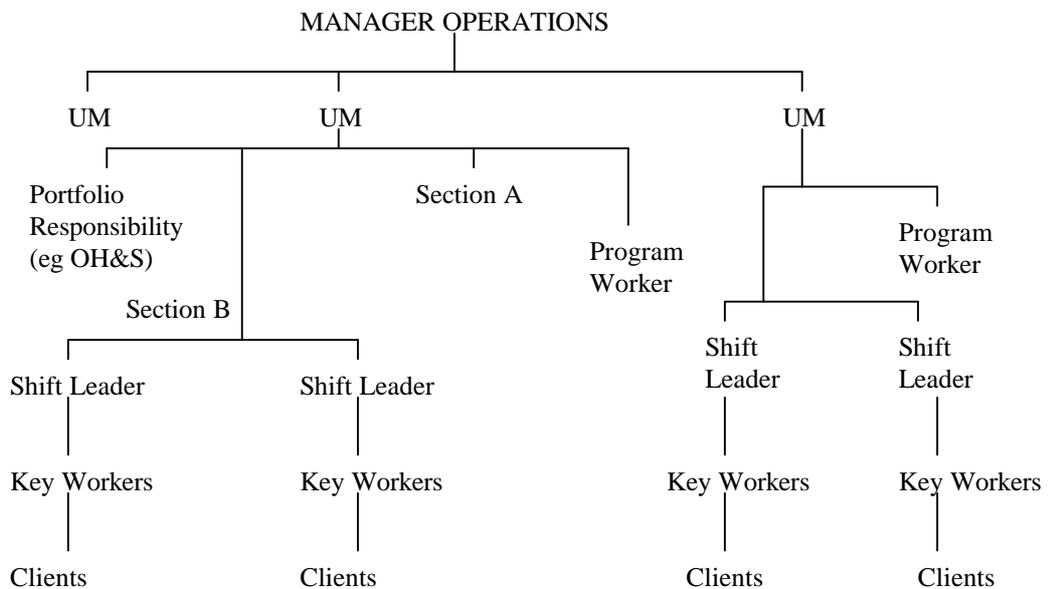
# APPENDIX 2

## Facility and Unit Management Structures

### FACULTY MANAGEMENT



### UNIT MANAGEMENT



# APPENDIX 3

## Unit Manager Responsibilities

### 1. Business Management

- 1.1 Service Delivery Management
  - a) Operations (safety and security, rosters, critical incidents)
  - b) Basic client care, accommodation and advocacy
  - c) Client Service Planning as per standards and procedures
  - d) Integration of program resources as part of CSP (including Temporary Leave)
- 1.2 Personnel management for Unit (recruitment, WorkCover, discipline, leave etc)
- 1.3 (Select) Financial Management as delegated by CEO (petty cash)
- 1.4 Portfolio responsibilities (eg promotions, OH&S)
- 1.5 Securing resources (funding, volunteers etc)

### 2. People Management

- 2.1 Team management (including supervision and delegation)
- 2.2 Communication and distribution of information
- 2.3 Staff development and counselling
- 2.4 Leadership and motivation including cultural change initiatives

### 3. Strategic Management

- 3.1 Unit Planning including strategy development
- 3.2 Strategic decision making and implementation
- 3.3 Managing stake holders (including volunteers, parents, police, community)
- 3.4 Workload management for self and team
- 3.5 Introduction of new initiatives/change

# APPENDIX 4

## Integrated Health Services in YTCs

