

Australian Capital Territory

**Children and Young People (Places of Detention) Health and Wellbeing Standing Order 2007 (No 2)**

Disallowable instrument DI2007–261

made under the

*Children and Young People Act 1999*, Chapter 14 Standards and Standing Orders, section 403 (Standing Order making power)

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**1 Name of instrument**

This instrument is the *Children and Young People (Places of Detention) Health and Wellbeing Standing Order 2007 (No 2)*.

**2 Commencement**

This instrument is to commence the day after notification.

**3 Standing Order**

I make the attached Standing Order:  
Standing Order – Health and Wellbeing.

**4 Revoke**

I revoke the *Children and Young People (Places of Detention) Health and Wellbeing Standing Order 2007 (No 1) DI2007-5*.

Katy Gallagher, MLA  
Minister for Children and Young People

2 November 2007

## Children and Young People (Places of Detention) Standing Orders Introduction

A duty of care obligation is imposed on Institution staff upon the receiving of all children and young people into the custody at an Institution.

The Standing Orders set out the minimum permanent standard to be met by all staff in the daily carriage of their duties. These Standing Orders provide a set of specific directions to enable staff to implement the provisions of the *Children and Young People Act 1999* and all relevant legislation (for example; *the Human Rights Act 2004*) with regard to the management of all young persons held in custody.

An Institution provides services to maximise rehabilitation and reintegration back into the community upon release. This is enhanced through ensuring each resident is detained within a safe and secure environment, with living conditions that meet the minimum requirements specified through the Standing Orders in regards to privacy and dignity, programs and services including educational, vocational and health services, and that consideration has been given to the specific individual characteristics of each resident such as their vulnerability as a child or young person, perceived maturity, sex, abilities, strengths and cultural identity. This is reflected in individualised care plans, which are developed as part of the case management process.

These Standing Orders recognise that children and young people who offend may be particularly vulnerable due to a wide range of risk factors and may have already experienced high levels of early trauma or adversity. Children and young people who come into contact with the justice system may have specific difficulties in interpersonal functioning, understanding and impulse control issues. The Standing Orders seek to reduce any further psychological harm whilst a child or young person is resident in an Institution and as such, the Standing Orders stress the rehabilitative and therapeutic role of all staff working in the Institution.

This Standing Order needs to be read and applied in the context of all Standing Orders. Standing Orders – Provision of Information, Review of Decisions and Complaints, Records and Reporting and Aboriginal and Torres Strait Islander Residents, in particular, have application and need to be considered across all the other Standing Orders. For example, when addressing a resident's health needs, staff must consider the requirements of this Standing Order along with Standing Orders-Provision of Information, Review of Decisions and Complaints and Records and Reporting, and if the resident is an Aboriginal or Torres Strait Islander, also Standing Order – Aboriginal and Torres Strait Islander Residents.

Standing Orders will be supplemented by a staff, and a resident and carers handbook and will be supported by ongoing training.

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| <b>STANDING ORDER<br/>HEALTH AND WELLBEING</b> |
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Health and wellbeing services to residents occur within a framework that recognises many young people who are in an Institution will have experienced early adversity and maltreatment, and come from complex family and social backgrounds. Residents are therefore likely to be psychologically and emotionally vulnerable and experience difficulties with emotional regulation and reflective functioning. Residents may also experience a range of mental health problems, for example, depression, which may be exacerbated by isolation and observation.

As a result of the factors described above, support for the psychosocial, emotional and mental health needs of residents are key requirements for their health and wellbeing. As part of this, promotion, early assessment, and if necessary, intervention in mental health problems is required. All staff have a part to play in this.

#### Aboriginal and Torres Strait Islander Residents

Staff need to be aware of the specific considerations and principles in the Standing Order - Aboriginal and Torres Strait Islander Residents, particularly:

- the impact that detention and separation can have and feelings of shame and guilt for the resident and family;
- recognition of specific health considerations of Aboriginal and/or Torres Strait Islander residents; and
- ensuring residents can access Aboriginal and Torres Strait Islander specific health services.

### **1 Statutory Obligations and Minimum Standards**

#### Statutory Obligations

- 1.1 There is a statutory obligation for every resident, within 24 hours of admission to an Institution, to have:
- (a) a physical health assessment by a doctor or nurse, who has not been involved in conducting a body search of that resident or other residents; and
  - (b) an assessment of the resident's risk of self harm and/or suicide and mental health status by a health professional with expertise in the treatment of self harm, suicide and mental health issues.
- 1.2 The Manager must ensure that the assessments outlined at section 1.1 occur and that any needs or risks identified by the assessments at section 1.1 are addressed.

#### Minimum Standards

- 1.3 As a minimum standard, every resident in an Institution is to have:
- (a) assessment and ongoing treatment by health professionals, including mental health, medical and nursing professionals when required or requested;
  - (b) suitably equipped premises for consultation, including private areas for disclosure of health information, assessment and treatment;
  - (c) appropriate medication;
  - (d) access to a second opinion in health matters if requested by a resident or person with parental responsibility including the Chief Executive or the Manager;
  - (e) rehabilitation services and supports, including specialist equipment if required;
  - (f) use of a private health professional or service as approved by the Manager;
  - (g) facilities and resources to maintain personal hygiene and cleanliness;
  - (h) educational and living skills programs to foster and support healthy living; and

- (i) wherever possible, the provision of special diets which may be identified as medically/culturally necessary.
  - 1.4 The Senior Manager must ensure all staff hold current first aid qualifications.
  - 1.5 The Senior Manager must ensure all staff have regular training on the identification and management of children and young people at risk of self harm and/or suicide, and with mental health problems.
  - 1.6 In all matters that relate to health assessment and treatment of residents, if a resident has been assessed as having a level of maturity, intellectual functioning and mental health status required to make a reasoned decision regarding the provision of consent, their informed consent must be sought. If a resident's assessed level of maturity, intellectual functioning and/or mental health is of a level that would not make this possible, consent must be sought from a person with parental responsibility for the resident.
  - 1.7 Where informed consent (as outlined at section 1.6 above) is not provided and the need for assessment or treatment is considered urgent, the Manager must be notified as soon as possible. The Manager must undertake all necessary or appropriate actions to address the resident's health needs. The Senior Manager may decide to apply for a Special Assessment under the *Children and Young People Act 1999* if appropriate.
- 2 General Protocols
- 2.1 Health
    - 2.1.1 The Senior Manager and staff are responsible for the promotion, development and maintenance of the health of residents, including responding to their physical, psychological, emotional and social needs, including drug and alcohol issues and self harm and suicide. The Senior Manager and staff will also provide opportunities for residents to develop in socially responsible ways. The therapeutic treatment model used in an Institution provides a framework within which all staff will contribute to these goals.
    - 2.1.2 The Program and Services Manager is responsible for overseeing the coordination of service delivery with a focus on prevention and early intervention, so that all residents are provided with appropriate support, referral and guidance to best meet their specific individual needs.
  - 2.2 First-aid equipment and training
    - 2.2.1 The Senior Manager must ensure adequate provision of first aid equipment and supplies throughout an Institution.
    - 2.2.2 Designated staff must regularly audit the contents of all first aid kits and restock them as necessary.
    - 2.2.3 Prior to undertaking an escort, the escorting staff must ensure that they are in possession of a fully stocked first aid kit.
  - 2.3 Medication
    - 2.3.1 Prescription medication must only be given to a resident in accordance with the dosage guidelines prescribed by a medical practitioner.
    - 2.3.2 Staff must only provide residents with prescription medication that has been placed in an approved container (Webster Pack or similar) and clearly marked with the resident's name, dosage details and instructions regarding how to respond if a resident refuses to take their medication.

- 2.3.3 The Unit Manager must approve the giving of non-prescription medication (eg. Panadol) to a resident if appropriate. The Unit Manager, if unsure, must seek advice from a relevant health professional and provide advice to the staff member giving the medication regarding dosage and frequency.
- 2.3.4 Staff required to assist with giving any medication to a resident must ensure that:
- (a) medication is issued at the correct times and frequency/intervals (as stated on the package, or as prescribed on the Webster Pack or Medication Log),
  - (b) the medication issued is consumed by the resident,
  - (c) an accurate record is made on the appropriate register of medication taken or refused, including the time and date it was given (or refused), the name of person who authorised it, and the name of the person who issued it, and
  - (d) refusal by a resident to take prescribed medication must be reported to a relevant health professional as soon as practicable unless written directions stipulating otherwise have been provided by the health professional who prescribed the medication (as outlined at section 2.3.2 above).
- 2.4 Syringes and other sharps
- 2.4.1 The Senior Manager must ensure staff receive appropriate training in the disposal of syringes and other sharps.
- 2.4.2 When disposing of syringes or other sharps, staff must exercise care and follow procedures, outlined in training.
- 2.4.3 Any injury from a syringe or other sharp to any person in an Institution is to be considered a serious injury and managed in accordance with Section 4.2 below.
- 2.4.4 A needle-stick injury or the discovery of a syringe or sharp instrument is a Reportable Incident.
- 2.5 Management of blood and bodily fluid spills
- 2.5.1 The Senior Manager must ensure all staff receive regular training in the management of blood and other bodily fluid spills.
- 2.5.2 In responding to a blood or bodily fluid spill (e.g. semen, vaginal secretions, urine, faeces, pus, breast milk, saliva, vomit, sweat etc.) staff must exercise care and follow the procedures outlined in training.
- 2.5.3 In the management of blood and other bodily fluid spill, staff must also consider whether the body fluid(s) need to be preserved as evidence in the potential investigation of a crime.
- 2.5.4 Body fluids are to be treated and removed as soon as possible once they are no longer required as evidence for a possible criminal investigation.
- 2.6 Management of infectious diseases
- 2.6.1 The Senior Manager must ensure all staff receive regular training in communicable and infectious disease prevention and treatment.
- 2.6.2 If a resident or staff member is diagnosed with an infectious disease, the Senior Manager must seek advice from a relevant health professional. The Manager must then issue instructions regarding the safe management of an Institution. Staff must comply with such instructions.
- 3 Management of Health Needs**
- 3.1 Internal responses
- 3.1.1 Health assessments and treatment will be available throughout a resident's time in an Institution to meet their physical, psychological, emotional and social needs, including

drug and alcohol issues and self-harm and suicide. Health information, where appropriate, shall inform:

- (a) the day to day management of a resident;
  - (b) the resident's classification, placement and observation regime and any special management directions; and
  - (c) the resident's case management plan.
- 3.1.2 If a staff member becomes aware of health information of relevance to a resident's classification, observation, placement, special management directions or case management plan that does not pose an imminent risk to the resident's health or wellbeing, the staff member must provide this information to the Manager as soon as possible.
- 3.1.3 If a staff member becomes aware of imminent danger to a resident (eg. a threat to the resident's safety or risk of self harm), the staff member must immediately:
- (a) undertake whatever action is required to minimise the risk to the resident's safety (eg increase the frequency of observations, change placement of the resident); and
  - (b) inform the Manager.
- 3.1.4 The Manager or Unit Manager must request assistance from a relevant health service (e.g. CAMHS or the nursing service) where appropriate.
- 3.1.5 The Manager or Unit Manager must consider the recommendations and advice of health professionals in deciding on an appropriate response.
- 3.1.6 All residents must have access to counselling and support.
- 3.2 Management of resident's health needs outside an Institution including escorts
- 3.2.1 Any non-emergency need for a resident to leave an Institution for health assessment or treatment must be approved by the Manager.
- 3.2.2 If a resident is to be transported to a health service, the transportation method should consider the nature of the illness or condition of the resident.
- 3.2.3 A resident should not be informed about the details of the time and location of a health appointment that is outside an Institution, although staff should inform the resident of the reason for the appointment and the day it is scheduled to occur.
- 3.2.4 Where ever possible a resident should be prepared for their health appointment outside an Institution by discussing with the resident whether they are comfortable wearing an Institution's clothing or would prefer to wear their own clothing. Where a resident expresses a preference to wear his or her own clothing, staff must facilitate this.
- 3.2.5 Staff escorting a resident to a health appointment outside an Institution should, when appropriate, wear clothing that does not identify the staff as employees of an Institution.
- 3.2.6 Where a resident is to be transported or transferred from an Institution, the Manager must ensure that sufficient information relating to their risks (such as risk of escape, harm to themselves or others and/or suicidal and risk-taking behaviour) is provided to the transporting and receiving agency's officer/s (eg. ambulance service, hospital) to ensure that the resident is appropriately managed and/or supported.
- 3.2.7 Staff escorting a resident to a health facility outside an Institution must carry Departmental identification at all times. Staff must identify themselves to relevant health staff, and if possible, provide contact details of any additional staff member likely to assume responsibility for the resident.
- 3.2.8 If escorting staff are issued with a health facility identification card they must comply with the hospital or health facility policy for wearing or carrying the identification.

- 3.2.9 Staff should assess the health facility where the resident is being assessed and/or treated and be aware of, and respond appropriately to, any potential safety or security risks.
- 3.2.10 After a careful assessment of the environment, consideration of the risk status of the resident, and consideration of the sensitivity of the health assessment or treatment, or if requested by a treating health professional, an escorting officer may permit a patient to be examined and/or treated outside the officer's view.
- 3.2.11 If a resident is at serious risk of escape, harm to themselves or others and/or suicide, examination and/or treatment must not occur outside of the officer's view. In such instances, staff must maintain appropriate contact with that resident at all times.
- 3.2.12 The escorting staff must be respectful of the dignity of the resident and where appropriate must be of the same sex as the resident.
- 3.2.13 Staff must ensure that a resident does not gain access to an unauthorised item. If staff reasonably suspect that a resident has in their possession something that may warrant a search to occur, the requirements set out on the Standing Order – Searches must be applied.
- 3.2.14 Where necessary, escorting staff must inform the staff of the health facility of their authority to conduct a search of a resident.
- 3.2.15 A resident detained in a health facility outside of an Institution may receive visitors as approved by the Manager. Staff must comply with the requirements of Standing Order – Visits, Phone Calls and Correspondence.
- 3.2.16 A resident may only be discharged from a health facility after approval has been given by a health professional responsible for the care of the resident, or after direction of the Senior Manager for the removal of the resident from the health facility.

### 3.3 Discharge planning

- 3.3.1 The Programs and Services Manager must ensure that discharge planning for a resident completing a committal term includes appropriate referrals and arrangements for the ongoing management of their health and wellbeing needs.
- 3.3.2 The Program and Services Manager must ensure, where appropriate, referrals and arrangements are made, for the ongoing management of the health and wellbeing needs of a resident who is released following a period of remand.

## 4 **Incident Management**

### 4.1 Minor injury/health concern in an Institution or on an escort

- 4.1.1 In the event a resident presents with, or reports to, a staff member, to have a minor injury or health complaint, the staff member shall:
  - (a) assess the situation;
  - (b) if necessary, provide the appropriate first-aid response (eg cleaning of a minor cut or abrasion, applying a basic dressing)
  - (c) if necessary, refer the resident to a health professional,
  - (d) if necessary, report the incident and treatment to the Unit Manager, and
  - (e) if necessary, administer non-prescription medicine (eg. Panadol), in accordance with Section 2.3.3 and 2.3.4 (Medication) above.
- 4.1.2 In the event a resident, whilst on an escort, presents with, or reports to, a staff member to have a minor injury or health complaint, the staff member shall:
  - (a) assess the situation;
  - (b) if necessary, provide the appropriate first-aid response (e.g. cleaning of a minor cut or abrasion, applying a basic dressing); and

- (c) if necessary, contact the Control Room and return the resident to an Institution (or another place, if so directed).
- 4.1.3 In the event the Control Room receives a communication from an escorting staff member, they must inform the Unit Manager who must provide direction for and/or arrange for necessary assessment or treatment.
- 4.2 Serious or life threatening injury or health concern in an Institution
- 4.2.1 If a resident presents with or reports a serious or life threatening injury or health complaint, the staff member who first becomes aware of this information shall:
  - (a) assess the seriousness of the injury or health complaint;
  - (b) notify the Control Room, advise of the situation and request assistance;
  - (c) as soon as it is safe to do so, immediately commence first aid and continue until the arrival of a health professional (eg ambulance officer);
  - (d) remain with the resident at all times, if it is safe to do so; and
  - (e) provide support to the resident, if it is safe to do so.
- 4.2.2 In the event the Control Room receives a request following a serious or life threatening injury or health complaint, Control Room staff will:
  - (a) direct staff assistance to the location of the incident and notify the Unit Manager, Manager and Senior Manager;
  - (b) request assistance from relevant health professionals and/or ambulance, police, and/or the fire brigade;
  - (c) prevent the entry to, or exit from, the Institution by any person other than emergency response services, until authorised by police or Senior Manager;
  - (d) notify relevant support agencies if requested to do so by the Manager or Unit Manager;
  - (e) provide the Manager with contact details for the parent(s) or person with parental responsibility; and
  - (f) undertake any other necessary or appropriate action.
- 4.2.3 The Unit Manager must give directions and guidance to staff for the management of the situation and undertake all other relevant actions, which may include:
  - (a) secure the location of the incident and all residents and/or visitors;
  - (b) advise staff what information about an incident can and cannot be given to residents;
  - (c) if so directed by an appropriate person eg ambulance officer or police officer, request the attendance of a medical practitioner for the purpose of deciding whether or not the injured person has died;
  - (d) coordinate any further actions in accordance with the Emergency Response Plan;
  - (e) provide regular updates on the situation to the Manager;
  - (f) ensure staff complete all necessary reports before they leave the Institution, unless otherwise approved by the Manager; and
  - (g) undertake any other relevant action.
- 4.2.4 The Manager must:
  - (a) arrange for the contacting of the parent(s) or person with parental responsibility (including Care and Protection Services if the Chief Executive has parental responsibility for the resident);
  - (b) advise Unit Managers what information about an incident can be given to visitors explaining the reason they are being detained;



- (c) appoint a senior member of staff who shall record on a separate and independent log all events and movements as they occur;
- (d) if necessary, arrange for debriefing of staff, and for access to support and counselling for residents and visitors; and
- (e) notify the Director of the situation as soon as possible.

4.3 Encountering a seriously injured or ill resident by a person other than a staff member

- 4.3.1 A person, other than an operational staff member may encounter a resident who has suffered a serious or life threatening injury. Upon advising a staff member, the person should be accompanied to another secure area away from the location of the incident and supervised and supported appropriately by staff.
- 4.3.2 If they are a tradesperson, visitor, professional or other service provider, they are to remain on the premises, where appropriate monitoring and support will be given until Police have authorised their exit from the Institution.
- 4.3.3 When securing visitors or non operational staff, staff must attempt to separate them as appropriate to allow the most effective response to the individual.
- 4.3.4 The Unit Manager may approve a person mentioned in 4.3.2 to make a phone call, given consideration to the circumstance. The Unit Manager must also instruct what information can or cannot be discussed in the situation, also informing potential witnesses that they may have to provide a statement to the police.
- 4.3.5 If the discovery of a injured resident is made or witnessed by another resident, they may be escorted to their room and placed on high level observations by staff. Support and counselling must also be offered to the resident, however, the manner in which this is provided must be sensitive to the possibility that the police may wish to interview the resident.

4.4 Serious or life threatening injury or health concern on an escort

- 4.4.1 In the event a resident sustains a serious or life threatening injury whilst on an escort (eg. as a result of a vehicle accident or assault), the staff member who first becomes aware of the situation and/or any other staff member undertaking an escort must:
  - (a) assess the seriousness of the injury or health complaint;
  - (b) if necessary, call an ambulance, police and/or fire brigade and if required remain in communication with the relevant emergency service;
  - (c) notify the Control Room, advise of the situation and request assistance;
  - (d) as soon as it is safe to do so, one or both escorting staff must immediately commence first aid and continue until the arrival of a health professional (eg ambulance officer);
  - (e) wherever possible, maintain the safe and secure custody of all residents on escort,
  - (f) if it is appropriate and safe to do so, return to an Institution or another place if so directed, as soon as possible; and
  - (g) undertake any other appropriate action.

- 4.4.2 In the event the Control Room receives a notification of a resident suffering a serious or life threatening injury or health complaint whilst on an escort, Control Room staff must:
- (a) notify the Unit Manager and Manager;
  - (b) request ambulance and/or police and/or fire brigade assistance;
  - (c) notify relevant support agencies if requested to do so by the Manager or Unit Manager;
  - (d) provide the Manager with contact details for the parent(s) or person with parental responsibility; and
  - (e) undertake any other necessary or appropriate action.
- 4.4.3 The Unit Manager must give directions and guidance to staff for management of the situation and undertake all other relevant actions, which may include:
- (a) directing staff to the location of the incident and securing an Institution if necessary to enable staff to attend the location;
  - (b) requesting further assistance;
  - (c) coordinating further actions in accordance with the Emergency Response Plan;
  - (d) providing regular updates on the situation to the Manager;
  - (e) ensuring staff return to an Institution and complete all necessary reports before they leave the Institution, unless otherwise approved by the Manager; and
  - (f) undertake any other relevant action.
- 4.4.4 The Manager must:
- (a) arrange for the contacting of the parent(s) or person with parental responsibility (including Care and Protection Services, if the Chief Executive has parental responsibility for the resident);
  - (b) if necessary, arrange for debriefing of staff, and for access to support and counselling for residents, staff and visitors; and
  - (c) notify the Director of the situation as soon as possible.
- 4.5. Minor, serious or life threatening injury or health complaint to person other than a resident
- 4.5.1 If a staff member, Unit Manager, Manager or Control Room become aware of an injury or health complaint to a person in an Institution or on an escort, who is not a resident, the staff member, Unit Manager, Manager or Control Room must apply procedures outlined in the relevant sections of this Standing Order, with any changes that are appropriate, due to the injured or unwell person not being a resident.
- 5 Responsibility of Staff to Preserve Evidence for the Investigation of a Crime**
- 5.1 All staff responding to an injury in an Institution or on an escort must, wherever possible, respond to the situation in a manner that preserves any evidence or information that may be used in an investigation, including a police investigation, of the circumstances in which the injury occurred.
- 5.2 The responsibility of staff under section 5.1 is secondary to the responsibility to provide first aid or other medical assistance and maintain the safety, security and good order of an Institution.
- 6 Records and Reporting**
- 6.1 Any action taken under this Standing Order must be recorded according to requirements set out in Standing Order- Records and Reporting.

- 6.2 Staff of an Institution are mandated reporters under the *Children and Young People Act*. As a mandated reporter, staff must, as soon as practicable, report to the Centralised Intake Service when they have formed a reasonable suspicion that a child or young person has suffered, or is suffering, sexual abuse or non-accidental physical injury. Staff must provide to the Centralised Intake Service with a report containing the name of the child or young person and the grounds for the suspicion.
- 6.3 Staff responding to, or encountering an injured resident, must complete an Incident Report before leaving the Institution, unless otherwise approved by the Manager.
- 7 Provision of Information, Review of Decisions and Complaints**
- 7.1 Staff must ensure residents, their parents and all those with parental responsibility, family and visitors are provided with information about things that affect them in a timely manner and in a manner that is likely to be understood.
- 7.2 A resident, their parents and all those with parental responsibility, family and visitors are able to request a review of a decision or make a complaint about something that happens at an Institution, to the Institution, the Public Advocate or the Official Visitor.
- 7.3 Staff must ensure that the Standing Order - Provision of Information, Review of Decisions and Complaints is followed in relation to the above.
- 7.4 Staff must engage with the person seeking a review of a decision or making a complaint in a respectful manner and ensure sufficient information is provided on the process of review or investigation. Staff must assist fully in any complaint or review process.
- 8 Death In Custody**
- 8.1 If a resident dies while in an Institution, or on an escort, or whilst on lawful leave the provisions of the Standing Order – Death in Custody must be applied.

## STANDING ORDERS GLOSSARY – MEANING OF COMMONLY USED TERMS

**Aboriginal or Torres Strait Islander** is a person who has identified as Aboriginal and/or Torres Strait Islander.

**Aboriginal and Torres Strait Islander Services Unit** refers to the Branch of the same name within OCYFS.

**Adult** means a person who is at least 18 years old.

**Audio Record** is a record created through the use of a listening device and may be a written transcript resulting from the use of such a device.

**Body Receipt Register** is an official record of all children and young people admitted to an Institution by the ACT Policing, or from interstate or removed by the ACT Ambulance Service. The Body Receipt Register is kept in the Control Room.

**Complaint** is an expression of dissatisfaction with an Institution's policies and procedures, staff or the service provided to a resident, family member or visitor as per Section 1 of the Children and Young People, (Places of Detention) Standing Order-Provision of Information, Review of Decisions and Complaints 2006 (No1).

**Care and Protection Services** within the Office for Children, Youth and Family Support (OCYFS), Department of Disability, Housing and Community Services, is the government entity charged with statutory responsibility for protecting and promoting the safety and wellbeing of all children and young people in the ACT. Pursuant to the *Children and Young People Act 1999*, the Chief Executive is responsible for receiving and responding to any information which may indicate that a child or young person has been abused, neglected or is in need of care and protection.

**Care of the Chief Executive** The Chief Executive (CE) of the Department of Disability, Housing and Community Services has parental responsibility for children and young people by virtue of Care and Protection Orders issued in the ACT Childrens Court. In these situations, the Childrens Court Magistrate may choose to give either day-to-day or long-term parental responsibility to the CE. Children and young people who are on such Orders are said to be 'in the care of the CE'.

**Case Conference/ Case Management Conference** refers to a meeting of all parties involved with a resident including parents/guardians, agencies and the resident. The purpose of such meetings is to ensure that all parties are working towards common goals for the resident in a coordinated and collaborative way.

**Case Management Plan** is a plan that is developed for residents as part of case management of residents. A case management plan sets goals and strategies for intervention with a resident, including the resident's developmental, educational and emotional needs. Residents are actively engaged in the development of their individualised plan.

**Case Manager** is a staff member responsible for assisting residents to set goals for their future, both whilst in custody and on return to the community, and supporting and monitoring their progress towards achieving those goals through an individual planning and support

process. The Case Manager will liaise with agencies with the resident and coordinate meetings to ensure a consistent and planned approach is developed (see also Case Management Plan and Case Conference).

**Case Management Unit** is part of the administration of an Institution. It is responsible for supporting a resident through a coordinated and holistic case management approach, focusing on the individual needs, strengths and positive engagement of the individual, their family and appropriate supports.

**Child**, when used to indicate a person's age, refers to a person under 12 years of age.

**Conjoining Spaces** refers to spaces that allow residents in these places to have direct access to each other without staff assistance. An example of conjoining spaces is two rooms with a door between them that can be opened by the people in the two rooms.

**Contraband** refers to any unauthorised item within an Institution, eg. drugs, weapons, alcohol, cigarettes.

**Control Room** is the central point of information exchange within an Institution and is directly concerned with maintaining security, and the safety of all persons within the centre. No entry to or exit from an Institution, or movement within an Institution (outside of the units) occurs without authorisation by the Control Room Operator.

**Co offender** is a person who has, or is alleged to have, assisted another person to attempt or complete a criminal act or who has jointly undertaken such an act.

**Crisis Assessment and Treatment Team (CATT)** is part of ACT Mental Health Services, that provides a 24-hour, seven days per week, service for assessment and treatment of people showing signs of mental illness or severe emotional distress, particularly in crisis situations.

**Custodial Escort** means an escort under the *Custodial Escorts Act 1998* by an escort other than a Police Officer.

**Debriefing** is a semi structured crisis intervention designed to reduce and prevent unwanted psychological stress following traumatic events by promoting emotional processing through the ventilation and normalisation of reactions and preparation for possible future experiences.

**Departmental Identification** means OCYFS, Department of Disability, Housing and Community Services photographic identification, which must be worn by staff while on duty.

**Director** means the person undertaking the duties of the Director with responsibility for an Institution. The Senior Manager is subordinate to this position.

**Disposal Schedule (*Territory Records Act 2002*)** The OCYFS disposal schedule has been approved by the Territory Records Office and is, for the present, available on the Territory Records Office website at <http://www.territoryrecords.act.gov.au/index>

**Duty of Care** refers to the obligation by staff to take reasonable care to avoid injury or loss to a person whom it could be reasonably foreseen might be injured by an act or omission.

**Emergency Service** means the ambulance service, the fire brigade, the rural fire service or the State Emergency Services.

**Emergency Response Plan** refers to an Institution's emergency response plan as described in the Children and Young People (Places of Detention) Standing Order – Safety and Security 2006 (No 1).

**Exhibit Book** is an official record that is kept and maintained at an Institution for the purpose of registering any contraband located on a resident or within the Institution.

**First Aid Training for Staff** relates to approved training for First Aid Officers, as recommended in the ACT Workcover Code of Practice: ACT First Aid in the Workplace. The Senior Manager is responsible for ensuring that all operational staff are fully trained and hold a current recognised qualification of Senior First Aid certificate or equivalent, or a relevant higher qualification.

**Fully Stocked First Aid Kit** is a First Aid Kit stocked to a level that is appropriate for the environment of an Institution. Sufficient numbers of fully stocked first aid kits must be available at an Institution at all times and a fully stocked first aid kit must be available during any escort of a child or young person to or from the Institution.

***Freedom of Information Act 1989*** is the legislation permitting members of the public to access certain official documents of the Territory.

**Health Professional** refers to persons with a recognised health qualification such as a Medical Practitioner, Nurse, Dentist, Psychologist etc. A full list of these persons is provided in the *Health Professionals Act 2004*.

***Health Records (Privacy and Access) Act 1997*** is the legislation governing the recording and management of any record deemed to be a health record to protect the privacy and integrity of, and access to, personal health information and related purposes.

**Incident Report** refers to a report about an incident at or in relation to an Institution as required by the Children and Young People (Places of Detention) Standing Order – Records and Reporting 2006 (No 1).

**Informed Consent** is an indication of consent by a person who has been given enough information to form a 'reasonable understanding' of the situation for which consent is being sought, including all reasonably possible consequences arising from the giving or withholding of consent. A staff member seeking to determine whether a person has or can form a 'reasonable understanding' must consider the age, the assessed level of maturity and intellectual ability and mental health of the person. Where a staff member assesses that a resident does not have a 'reasonable understanding' in relation to a matter about which informed consent is sought, the staff member must seek consent from a parent or person with parental responsibility for the resident.

**Institution means** (i) a place that is declared to be an institution under the *Children and Young People Act 1999*; and (ii) a place that is declared to be a shelter under the *Children and Young People Act 1999*, if the place is also declared as an institution.

**Intersex** means a person who, because of a genetic condition, was born with reproductive organs or sex chromosomes that are not exclusively male or female.

**Key Worker** is a member of staff who is allocated the responsibility of providing additional day to day support to a resident. They work closely with Case Managers to monitor and support the daily implementation of a resident's Case Management Plan.

**Manager** during normal business hours this term refers to the Operations Manager of an Institution, or, in the event this person is unavailable, the Senior Manager of an Institution. Outside normal business hours, this refers to the on-call manager.

**Mandated Reporter** under the *Children and Young People Act 1999* includes staff at an Institution and requires them to report any suspected non accidental physical injury or sexual abuse to a child or young person.

**Medical Practitioner** means a doctor.

**Observations** occur to ensure the safety and engagement (where appropriate) of a resident within an Institution. Further information about observations is in the Children and Young People (Places of Detention) Standing Order –Admissions and Classification 2006 (No 1).

**OCYFS-Office for Children, Youth and Family Support** is part of the Department of Disability, Housing and Community Services. An Institution is administered through the OCYFS.

**Official Vehicle** refers to a government vehicle and the guidelines that govern the use of such vehicles, specifically, that they are for the purpose of government related business only. Persons who are not government employees can only be transported in official vehicles for purposes related to government business.

**Official Visitors** carry out functions as prescribed by the *Children and Young People Act 1999*.

**On-Call Manager** refers to the person undertaking the duties of 'on-call manager' outside normal business hours.

**Operations Manager** is an assistant manager of an Institution or a person acting in this position. He/she is responsible for the day to day operational and security requirements of an Institution and reports directly to the Senior Manager of an Institution. Section 1 of the Children and Young People, (Places of Detention) Standing Order, Safety and Security 2006 (No1) provides information regarding the lines of authority for staff at an Institution.

**Parental Responsibility** means all the duties, powers and responsibilities parents ordinarily have by law in relation to their children; it includes responsibility for the day to day or long term care, welfare and development of the child or young person. A person has parental responsibility for a child if: the person is the child's parent; a court order is in force in favour of the person; or the person has parental responsibility following emergency action.

**Privacy Act 1988** is legislation making provision to protect the privacy of individuals and for related purposes.

**Program and Services Manager** is responsible for overseeing the coordination and delivery of case management, programs and services to residents.

**Pro Social Modeling** is the demonstration by staff of behaviour and/or language that reflect positive community values and expectations, including punctuality, courtesy, empathy and consideration of others.

**Public Advocate** means the person appointed under the *Public Advocate Act 2005*. The Public Advocate advocates for the best interests of children and young people. The Public Advocate has monitoring responsibilities under the *Children and Young People Act 1999*. Residents are able to make complaints to, or seek assistance from the Public Advocate.

**Public Sector Management Act 1994** is legislation to regulate the administration of the public sector of the Territory, and for related purposes. Staff working in an Institution must comply with the requirements of this Act.

**Record** is a document in paper or electronic format that provides evidence of a business activity performed by staff. A record may include a written report, photograph, video footage or audio recording (or transcript from audio recording).

**Records Management Plan** is a departmental program required under the *Territory Records Act 2002* that includes the arrangements for the appropriate capture, creation, identification, storage, security, access to and destruction of, all Department Records as required by this Act. It can be found at <http://www.legislation.act.gov.au/www.legislation.act.gov.au>

**Reportable Incident** is an incident or event at or in relation to an Institution that must be reported in as required by the Children and Young People (Places of Detention) Standing Order – Records and Reporting 2006 (No 1).

**Re-Integration** refers to a resident's return to the community. It includes provision of accommodation, education or employment, support programs and counselling services.

**Resident** means a child or young person who has been admitted to an Institution and is detained there.

**Resident and Carers Handbook** is a document to provide residents and their carers with information about an Institution and their rights and responsibilities.

**Remandee** is a child or young person who has been charged but not yet sentenced for an offence, is not admitted to bail and has been taken to an Institution and detained there.

**Review of a Decision** is a re-examination or reassessment of an administrative decision making process or outcome as per Section 1 of the Children and Young People, (Places of Detention) Standing Order-Provision of Information, Review of Decisions and Complaints 2006 (No1).



**Senior Manager** is the Senior Manager of an Institution, or the person acting in that position. If the Senior Manager or person acting in that position is not available, the Senior Manager refers to a person nominated by the Director. The Senior Manager reports to the Director. Section 1 of the Children and Young People, (Places of Detention) Standing Order-Safety and Security 2006 (No1) provides information regarding the lines of authority for decision-making in an Institution.

**South Eastern Aboriginal Legal Service (SEALS)** is an indigenous organisation that provides culturally appropriate legal advocacy and/or representation in legal proceedings, particularly for Aboriginal people in the criminal justice system. Local Courts serviced by the Canberra office are Queanbeyan, Canberra, Goulburn, Yass and Cooma.

**Safe Room** is a place described and used in accordance with the Children and Young People, (Places of Detention) Standing Order- Use of a Safe Room 2006 (No1)

**Search Register** is a record of all personal and area searches carried out in an Institution. All searches are logged in this register.

**Special Management Direction (SMD)** is a specific instruction given by the Senior Manager relating to the need to implement or maintain a special condition for the management of a resident.

**Staff** means operational employees of the OCYFS working in an Institution who directly or indirectly report to the Senior Manager. Section 1 of the Children and Young People, (Places of Detention) Standing Order, Safety and Security 2006 (No1) provides information regarding the lines of authority for staff at an Institution.

**Staff Handbook** is a document that provides staff with accessible information about policies and procedures relating to an Institution. The Staff Handbook supplements the Standing Orders and staff training as a form of guidance for and information to staff.

**Standing Orders** supplement legislative requirements of staff and, together with relevant legislation, set out the minimum permanent standards to be met by staff at an Institution in undertaking their duties.

**Sterile Area** may include a cabin or other area (eg. unit recreation area), which has been emptied of any item that may be used by a resident to harm themselves, other residents or staff. The term 'sterile cabin' denotes a cabin devoid of any item other than fixtures and fittings or other authorised items

**Sterile Zone** is an area between the two perimeter fences or a cleared area that forms a secure zone of an Institutions perimeter. The area may not be accessed by anyone without authorisation by the Manager.

**Supervision** refers to the duty of staff to monitor the whereabouts and safety of residents and, where relevant, visitors.

**Time out** is an option for de-escalating residents who are displaying inappropriate behaviour. It refers to a direction to a resident, which would occur after a warning or an opportunity to modify their behaviour, to remove themselves to an appropriate area, for example in their unit.

**Transgender Person** means a person who identifies as a member of a different sex by living, or seeking to live, as a member of that sex; or has identified as a member of a different sex by living as a member of that sex whether or not that person is a recognised transgender person.

**Unit Manager** this position reports to the Operations Manager and is responsible for managing the security and leading staff during the operation of a shift. The Children and Young People (Places of Detention) Standing Order – Safety and Security 2006 (No 1) provides more information about the chain of authority for decision making in an Institution.

**Use of Force Register** records any incident where force or restraint has been used. The Use of Force Register is kept in the Control Room.

**Visitors Register** records all visits in an Institution. The Visitors Register is kept in the Control Room. All visitors also sign a visitor sheet and a visitor entry log, located in a public area of an Institution.

**Young Person** refers to a person who is 12 years of age but not yet an adult or a person who has been dealt with by a court as though he or she was a young person.