

Australian Capital Territory

**Children and Young People (Places of Detention) Admission and Classification Standing Order 2007 (No 1)\***

Disallowable instrument DI2007-4

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) Admission and Classification Standing Order 2007 (No 1)*.

**2 Commencement**

This instrument is to commence on 8 January 2007.

**3 Standing Order**

I make the attached Standing Order:  
Standing Order – Admission and Classification.

Katy Gallagher, MLA  
Minister for Disability and Community Services  
23 November 2006

\*Name amended under Legislation Act, s 60

## 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 minimum permanent standards 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 the Health and Welfare 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.

<b>STANDING ORDER ADMISSION AND CLASSIFICATION</b>
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Admission to an Institution can be a stressful time for any child or young person.

Many children and young people who are admitted to an Institution are already particularly vulnerable with high levels of early trauma and adversity. These early experiences may mean that children and young people being admitted to an Institution may have specific difficulties in interpersonal functioning and understanding, and control of emotional states and impulses. The incidence of mental disorder amongst children and young people who come into custody is also high.

In all their work, staff must aim to provide an environment which is safe and secure and which promotes the child or young person's social and emotional development and psychological resilience. One strategy to achieve this is for staff to work with residents in a manner that fosters the residents' feelings of acceptance and connection.

The period of reception and induction at an Institution is a key transition period, and one in which the building of a positive and supportive relationship between staff and a resident is particularly important.

## **1 Before Admitting a Child or Young Person**

- 1.1 Upon entry of the Police or Court Transport Unit vehicle to an Institution staff must check both the documentation for the admission of the child or young person and observe the child or young person to determine whether they require urgent health care.
- 1.2 Any child or young person believed to require health care that is unlikely to be available at an Institution within an appropriate timeframe must not be admitted to an Institution and the escorting officer must be advised to take the child or young person to an appropriate health service. An example of such a health care need is a suspected broken arm or serious facial injury.
- 1.3 If a child or young person transported to an Institution is not able to be transported as per 1.2 above, an ambulance is to be called immediately, and first-aid administered.
- 1.4 If the incidents outlined in 1.2 or 1.3 above occur the Manager is to be notified. The Manager must ensure reasonable attempts are made to inform the child or young person's parent or the person with parental responsibility. These are reportable incidents and the Standing Order – Records and Reporting must be applied.
- 1.5 No child or young person is to be admitted to an Institution without relevant legal authority. The appropriate documentation of such legal authority will include one of the following:
  - (a) Bench Charge Sheet, which provides the authority to detain a child or young person at an Institution pending his/her appearance before the Court at the earliest opportunity;
  - (b) First Instance Warrant, which is the authority granted by the Court to detain a child or young person at an Institution pending the finalising of charges before his/her appearance before the Court;
  - (c) Remand Warrant, which is issued by the Court and directs the Manager of an Institution to accept a child or young person into custody at the Institution until their next appearance before the Court;

- (d) Institutional Order, which is issued by the Court and commits a child or young person to an institution for the period specified on the Order;
  - (e) Transfer Order, which accepts the transfer of a child or young person to an Institution in the ACT from an interstate institution for the duration of their Order or as a temporary admission prior to transit to another Institution in a different State or Territory; or
  - (f) Other relevant documentation authorising the legal detaining of a young person.
- 1.6 No child or young person is to be held at an Institution for a period longer than that specified on the authorising documentation outlined above.
- 1.7 Prior to admission to an Institution, staff must ensure that all accompanying documentation authorising a child or young person to be detained in an Institution is correctly worded and signed by an authorised person. Copies of the documents are to be placed on the relevant files.

## **2 Admission and Induction**

### **2.1 Initial procedures**

- 2.1.1 On receiving a child or young person at an Institution, staff have a number of tasks. These include:
- (a) welcoming the resident and ensuring any pressing issues are identified and if appropriate, addressed, whilst maintaining security and safety;
  - (b) providing to the resident initial information about the Institution (including the resident's rights and obligations) and the resident's legal circumstances;
  - (c) obtaining information about the resident;
  - (d) ensuring the resident hands over their personal property, showers and changes into Institutional clothing; and
  - (e) undertaking a search of the resident. Staff must refer to the Standing Order – Searches regarding detailed procedures for undertaking searches.
- 2.1.2 The order in which staff should undertake the above procedures may vary, depending on a number of factors. These factors may include, but are not necessarily limited to:
- (a) the number of residents who need to be inducted;
  - (b) the presentation (including assessed level of anxiety or distress or risks) of the resident;
  - (c) any information already known to staff about the resident (for example, if the resident has previously been in the Institution, information about their background and general behaviour); and
  - (d) the age and assessed maturity of the resident.
- 2.1.3 It is important that staff take all relevant factors into account in sequencing procedures.
- 2.1.4 Staff must also consider how best to balance the requirements of the induction process for new residents with any other operational requirements. This consideration is particularly important if a resident is received outside normal business hours.
- 2.1.5 In deciding how to sequence induction procedures, staff must also consider the time implications of requirements specified in the Standing Order – Searches, regarding seeking a parent or person with parental responsibility or another person to be present at a search of a young person. Meeting this requirement may cause some delay to the ability to search a young person, and consideration needs to be given to endeavouring to contact a person with parental responsibility or another person soon after the arrival of a resident, to allow sufficient time for that person to arrive at an Institution. Staff must comply with the procedures in the Standing Order – Searches regarding this, however, there is a clear interaction between that Standing Order and these admission procedures.

- 2.1.6 Staff must manage all residents during and following induction in accordance with section 5 Placement, Observation, Special Management Directions and Classification, below.
- 2.2 Welcoming resident and ensuring any pressing issues are identified and if appropriate, addressed, whilst maintaining security and safety
- 2.2.1 After completing the requirements of Section 1, staff must move a new resident into a secure area within an Institution.
- 2.2.2 Staff must communicate with the resident and inform the resident of their name and role and of the reason the resident is at an Institution. Staff must seek to establish rapport with the resident, and be mindful that the experience of custody may be distressing for the resident.
- 2.2.3 Staff must observe the resident and seek to elicit from them, whether there are any issues that are causing them particular distress or difficulty. If there are any, staff must inform the resident of how these issues may be addressed, or, if it is possible and appropriate to address the issue immediately, staff may do so.
- 2.2.4 Staff must advise the resident of the support services available at the Institution and the means by which these can be accessed. This advice must include that there is a Case Management Unit which will coordinate support services for the resident whilst they are in an Institution and that the Case Management Unit will be advised and make contact with the resident on the same or next business day as the day the resident is admitted to the Institution.
- 2.2.5 At all times once a resident has been received and prior to the resident being classified, staff must undertake observations of the resident at a maximum of 5 minute intervals. If staff consider it necessary, they must observe the resident more frequently. (Refer to Section 5 of this Standing Order – Observation, Placement, Special Management Requirements and Classification and Section 3 of Standing Order – Health and Wellbeing-Management of Health Needs).
- 2.3 Induction - Providing to the resident initial information about the Institution (including the resident's rights and obligations) and the resident's legal circumstances.
- 2.3.1 Provision of information to and gathering information from a resident at the time of reception are likely to occur during one interview. This interview is called an induction interview. The induction interview should be conducted in an area that allows for privacy and confidentiality.
- 2.3.2 Should any special needs be identified in the induction interview that require an immediate response, staff should arrange for these needs to be met (including interpreter services, medical aids etc.) and if staff consider it necessary, notify the Manager.
- 2.3.3 Staff must communicate with the resident in a manner that staff reasonably consider the resident will understand (considering the resident's age and maturity and any other relevant factor).
- 2.3.4 If the resident does not appear to understand English, interpreter services should be accessed as soon as practicable. Staff must also be mindful of the confusion a resident who does not understand English may feel, and the difficulties that language barriers present, including misunderstanding directions and feelings of distress.
- 2.3.5 During the induction interview staff must, as soon as possible, provide information to a resident on:
- (a) their rights (including to seek a review of a decision or to make a complaint);

- (b) their obligations (including the requirement for residents to comply with reasonable directions); and
  - (c) the intended use of any personal information about the resident.
- 2.3.6 Staff must seek the resident's informed consent to the sharing of their personal information where appropriate, and advise the resident about the circumstances in which personal information may be shared without the resident's consent. The Standing Order – Provision of Information, Review of Decisions and Complaints must be applied.
- 2.3.7 Induction is often a stressful time for residents and often occurs late in the evening or at night, when a resident may be tired. Staff need to be mindful that it may be most appropriate to give simple information about the above at this time, and follow up the next day with more detailed information.
- 2.4 Obtaining information about the resident
- 2.4.1 A record must be made as part of the induction interview of the information provided to the resident, and any follow-up that is required. If follow-up is required in terms of provision of information to a resident, staff who conduct an Induction Interview must ensure this fact is clearly communicated to staff on the next shift. If staff on the following shift are advised that further information needs to be communicated to a newly inducted resident, they must provide such information and make a record that this has occurred. This information must be included on a resident's personal records.
- 2.4.2 Staff must gather and record the following information:
- (a) health information, including medications. If a resident advises they require or use medication on a regular basis staff must require the attendance of a nurse or doctor as soon as possible;
  - (b) demographic information;
  - (c) contact details of parent/s and/or person with parental responsibility;
  - (d) cultural and religious information;
  - (e) legal information;
  - (f) any other special needs or issues, including health history (Note: health includes all aspects as outlined in section 2.1 of the Health and Wellbeing Standing Order- Health);
  - (g) risks or alerts advised by Police, the Court Transport Unit or others; and
  - (h) statutory history (e.g. previous and current contact with Youth Justice or Care and Protection Services).
- 2.4.3 Staff must never assume the nationality and/or cultural background of a resident based on their appearance. The resident should be encouraged to self identify.
- 2.5 Aboriginal and/or Torres Strait Islander residents
- 2.5.1 Staff must ensure that each resident receives a service that is sensitive to and respectful of his or her culture, linguistic background, and values (including the importance of preserving significant networks and /or relationships). Staff must be aware of and work within the Aboriginal and Torres Strait Islander Standing Order and work actively within this framework to assist the resident to be inducted into the Institution.
- 2.5.2 If an Aboriginal and/or Torres Strait Islander resident gives informed consent, staff must actively seek to work in partnership with the Aboriginal and Torres Strait Islander community in the delivery of services and supports to Indigenous residents.
- 2.5.3 Depending on the assessment of the resident, staff may need to consider placing the resident with another Indigenous resident or someone they know. This may involve

placement in a co-joining room. Staff must seek approval from the Manager if they intend to do this.

- 2.5.4 While all staff have a responsibility to maintain positive relationships with Aboriginal and Torres Strait Islander residents and family, the Case Management Unit will provide advice on program and case planning.
- 2.5.5 If a resident identifies as being Aboriginal and /or Torres Strait Islander during the initial assessment and gives informed consent, staff must advise the resident that they will contact the Case Management Unit (where the Indigenous Support Worker will be located) and advise that a resident is at the Institution, and that Unit will contact the resident during business hours of the day of admittance or the following normal working day.
  
- 2.6 Ensuring the resident hands over their personal property, showers and changes into Institutional clothing
- 2.6.1 Staff must arrange for a newly received resident to shower and change into Institutional clothing.
- 2.6.2 Staff must arrange for any property that is in the possession of a newly received resident to be stored. Property will usually be returned to a resident at the time of their release from custody.
- 2.6.3 If staff consider any property in the possession of the resident is not suitable to be returned to the resident, staff must arrange for it to be handed to the resident's parent or a person with parental responsibility for the resident.
- 2.6.4 If staff consider any property in the possession of a resident is, or may be, connected with a criminal offence, staff must bring this to the Manager's attention. The Manager may arrange for such property to be given to the police.
- 2.6.5 Staff may permit a resident to keep in their possession and wear some items of jewellery, such as stud earrings, where to do so is considered unlikely to jeopardise the safety or security of that resident or anyone else.
- 2.6.6 Staff must make a record of a resident's property and if relevant, its disposal. Staff must also make a record of a decision to allow a resident to keep in their possession any property.
- 2.6.7 Staff must advise a resident of the usual procedures regarding storage of property.
- 2.6.8 Staff must arrange for a resident's personal clothing to be washed and dried. This must be completed in time to allow a resident to wear their own clothing to Court.
- 2.6.9 If a resident possesses medication at the time of admission, staff must ensure that the medication is provided to the doctor or nurse undertaking the admission medical assessment. If the resident indicates they require medication after hours staff must request the attendance of the on-call nurse or health professional.

## 2.7 Undertaking a search of the resident

- 2.7.1 Staff must comply with the Standing Order – Searches regarding detailed procedures for undertaking searches.

## 3 **Information Provided to Parents or Persons with Parental Responsibility at Reception**

- 3.1 Staff must contact the parent/s of, or person with parental responsibility for, a resident to advise them of the resident's location and that they are safe.
- 3.2 If a newly received resident is in the care of the Chief Executive, staff must contact Care and Protection Services in addition to any natural parent.

- 3.3 Staff will inform the above person/people of the date and time of a resident's next Court appearance and ask them if they will be attending. Staff must also seek to obtain current contact details for people with parental responsibility for a resident.
- 3.4 Staff will answer any questions and inform parents of visiting times and telephone contact arrangements.
- 3.5 If a parent or person with parental responsibility does not understand English, staff must use interpreter services or other relevant support person to ensure the information is provided in a language that a parent speaks.

#### **4 Involvement of Parents and/or People with Parental Responsibility and Aboriginal and Torres Strait Islander Services Unit in Case Management**

- 4.1 Staff must seek to involve parents and persons with parental responsibility for a resident in case planning and transition planning. Where a resident is in the care of the Chief Executive, staff must seek involvement of Care and Protection Service staff.

##### 4.2 Aboriginal and Torres Strait Islander residents

- 4.2.1 If a resident consents, staff must seek to involve an appropriate person from the resident's community or from an appropriate Aboriginal and Torres Strait Islander service in case planning and transition planning for Aboriginal and Torres Strait Islander residents.
- 4.2.2 If the resident is involved with Community Youth Justice or Care and Protection, the Case Management Unit may contact the Aboriginal and Torres Strait Islander Services Unit for their possible involvement. It is important that only one case plan is developed for the resident.

#### **5. Observation, Placement, Special Management Requirements and Classification**

- 5.1 Considerations in making decisions about observation, placement, special management requirements and classification must be guided by Rule 28 of the *United Nations Rules for the Protection of Juveniles Deprived of their Liberty*, which supports placement decisions that take account of individual resident needs where these might be in conflict with other human rights principles relating to separation of young people:

*The detention of juveniles should only take place under conditions that take full account of their particular needs, status and special requirements according to their age, personality, sex and type of offence, as well as mental and physical health, and which ensure their protection from harmful influences and risk situations. The principal criterion for the separation of different categories of juveniles deprived of their liberty should be the provision of the type of care best suited to the particular needs of the individuals concerned and the protection of their physical, mental and moral integrity and well-being.*

The principles provided in this rule will be applied to placement decisions in an institution.

- 5.2 In determining the observations, placement, and special management needs of a resident, the Senior Manager must balance the following considerations:
  - (a) the best interests of each resident;
  - (b) the security and good order of the institution;
  - (c) the health and safety needs of all residents of the institution;



- (d) the needs, status and special requirements of residents due to their age, gender, emotional or psychological state, physical health or any other matter relevant to the care to be provided;
- (e) the care provided should be suited to the particular needs of the resident in order to protect their physical and emotional wellbeing;
- (f) residents on remand should be separated from those who are sentenced;
- (g) adult residents should be separated from residents who are young people;
- (h) male and female residents should be separated;
- (i) requests from Care and Protection Services, a court, ACT Policing, the Director of Public Prosecutions or other justice agencies, to separate residents; and
- (j) where a resident would be isolated from all other residents in an institution due to placement considerations, whether isolation is not in the best interests of the resident.

### 5.3 Authority for making and implementing decisions about observation, placement, and special management requirements

- 5.3.1 The Senior Manager has responsibility and authority for decision-making in relation to determining a resident's level of observation, placement and any special management requirements.
- 5.3.2 The Senior Manager must take advice from a range of internal and external sources (eg. persons or agencies with expertise in the health, care and development of children and young people) in determining the observation, placement, classification and special management requirements for residents.
- 5.3.3 Notwithstanding the above two paragraphs, the Manager may approve interim changes to a resident's observation, placement or special management requirements.
- 5.3.4 The Senior Manager must ensure staff are aware of the assigned level of observation, placement and any special management requirements for each resident in an Institution.
- 5.3.5 Staff must comply with observation, placement and any special management requirements for each resident in an Institution.
- 5.3.6 After each shift Unit Managers or Team Leaders must ensure that, staff have carried out observations, check the observation book and sign off that observations have been done, and ensure relevant records have been accurately completed.
- 5.3.7 The Senior Manager must provide details of all resident observation, placement and special management requirements to the Director.
- 5.3.8 If a resident is segregated, the Senior Manager must provide the details to the Director.
- 5.3.9 The Director may overturn an observation, placement, special management or segregation decision or direction made by the Senior Manager.

### 5.4 Observations, placement and special management requirements (including segregation)

- 5.4.1 'Observations' means:
  - (a) direct visual contact by a staff member of a resident and does not mean observation through a camera image unless directed otherwise by the Manager; or
  - (b) the active engagement by the staff member with the resident where appropriate, for example, activity based communications, for the purpose of normalisation, distraction and enhancing their understanding of the resident.
- 5.4.2 The use of observation, placement and special management provisions are utilised to ensure the safety and wellbeing of individuals, all other residents, staff and visitors.

The Senior Manager in determining the level of observations, the placement and any special management needs for each resident does so to ensure the residents are supported and managed in a way that meets their individual needs and ensures their physical, emotional and mental health and well-being.

- 5.4.3 All residents within an Institution will be subject to a level of observation appropriate to their assessed level of risk (harm to themselves and/or others), special needs or vulnerability and their psychological, emotional and physical health. Observations are the physical sighting and recording of a young person who has been secured within a room (ie. cabin, safe room, holding room) within the Institution. The frequency of observation assigned to each individual must be complied with at all times.
- 5.4.4 Staff undertaking observations must ensure they carry out direct visual observation and a written account contemporaneously where possible.
- 5.4.5 Normally observation intervals at an institution are 5 minute, 15 minute and 30 minute intervals, depending on the assessed risk and placement of the resident. Thirty minute intervals are the minimum level of observation within the Institution.
- 5.4.6 On occasions, due to assessed level of risk, special needs or vulnerability it may be determined that a special observation level be employed to ensure the safety of a resident at high or imminent risk. The alternative observations that may be assigned include:
- (a) Constant Observation occurs where it has been assessed that there is an absolute imminent risk (of self harm/ suicide) and a staff member is required to maintain continuous visual contact with the resident and complete a running written record of observations. This will usually involve a staff member standing/sitting at the open door of a child or young person's room. In addition, a camera will run continuously and take a record of a room in cases where a resident is under continuous observation; or
  - (b) Staggered Observation is an observation regime where observations are made at various intervals between the assigned observation level. The actual intervals between observations fluctuate to prevent the interval between observations being predicted. An example of a staggered observation for a resident on 15 minutes observations is: 5 min, 15 min, 10 min, 15 min between consecutive observations. Staggered observations are usually used when a resident's safety, or the security of an Institution is considered enhanced by preventing a resident from being able to predict the interval between consecutive observations. Examples of when this may be used are a resident considered at risk of self harm/suicide or escape; or
  - (c) Split Observation is an observation regime where different observation intervals are used when a resident appears to be awake (the shorter interval) and when a resident appears to be asleep (when longer interval observations are used). Split observations are usually used to assist with the transition of a resident between different standard observation intervals, but when there is still some assessed risk preventing an immediate change of observation. Examples of split observation intervals are 5 minutes to 15 minutes (5/15 minute) and 15 minutes to 30 minutes (15/30 minute).
- 5.5 Special management needs
- 5.5.1 To ensure the safety of a resident, other residents, staff or visitors and/or to ensure the security and good order of the Institution, the Senior Manager may assign Special Management Directions for a resident. A special management direction is a specific instruction given by the Senior Manager relating to the need to implement or maintain

special conditions for the management of a resident. These may relate to special observations, movement (ie. restrictions), placement, interactions, restrictions or special provisions for visits or phone calls or other aspects of a resident within an Institution or whilst on Special Purpose Leave or Escort from the Institution.

5.6 Segregation

- 5.6.1 Segregation, for the purposes of this standing order, is the requirement for the management of a resident or residents in a way that separates them from some or all other residents due to significant safety and security reasons. Segregation may also be used where there is strong requirement for legal reasons to separate or restrict contact between some residents, such as between co-offenders and/or victims and perpetrators.
- 5.6.2 In circumstances when segregation is required, decisions regarding placement and management of the resident will also be based on consideration of the relevant factors identified in sections 5.2.
- 5.6.3 On all occasions requiring the segregation of residents, the best interests of all residents will be the overriding consideration in the placement and management of that resident or residents. Segregation should also be done in a manner that is the least intrusive method available and for the shortest possible time.

5.7 Resident Observation, Placement and Special Management Assessments (R.O.P.S.M.A)

- 5.7.1 Wherever possible, a R.O.P.S.M.A must be completed prior to making decisions about a resident's observation, placement or special management requirements. However, there will be some occasions when this is not possible. This section outlines the steps involved in preparing a R.O.P.S.M.A and also describes circumstances when decisions may need to be made without a R.O.P.S.M.A (or an updated R.O.P.S.M.A) being completed.
- 5.7.2 Upon admission all residents must be placed in a room with a camera and be subject to 5 minute observations. If staff identify a need for special management requirements (eg use of non rippable linen and/or clothing), they must contact the Senior Manager, or, if after hours, the On-Call Manager, to seek authorisation of any of the following special management requirements:
- (a) non-rippable linen and blanket;
  - (b) non-rippable clothing;
  - (c) separation/segregation; or
  - (d) higher level observations (ie. constant or staggered)
- 5.7.3 The Operations Manager and Program and Services Manager are jointly responsible for undertaking, as soon as practicable, a Resident Observation, Placement, and Special Management Assessment (R.O.P.S.M.A) to assist in determining the level of observations, placement, and any special management requirements.
- 5.7.4 In undertaking a R.O.P.S.M.A the Program and Services Manager must obtain relevant information (eg. risk alerts such as self-harm, suicide and health issues) from the following parties:
- (a) Case Management Unit;
  - (b) Health (Nursing or Medical);
  - (c) Child and Adolescent Mental Health Service (CAMHS); or
  - (d) any other relevant person/service/agency (e.g. parent, Community Youth Justice, Care and Protection Service, Childrens Court).

- 5.7.5 In undertaking the R.O.P.S.M.A the Operations Manager must obtain relevant information relating to the safety, security and any operational considerations for the management of the resident. This may include:
- (a) risk alerts such as harm to others, escape, violence and/or security concerns;
  - (b) sentence status;
  - (c) co-offenders;
  - (d) offence/alleged offence; or
  - (e) gender.
- 5.7.6 The Operations and Program and Services Managers must provide an assessment and recommendation to the Senior Manager for authorisation. In the absence of the Senior Manager, the Director or another person nominated by the Director may provide authorisation. The R.O.P.S.M.A report must also identify a review period and seek further information or recommendations from relevant parties for any changes to existing observations, placement or special management requirements.
- 5.7.7 The Senior Manager or On-Call Manager may make or change the observations, placement and/or special management requirements at any time, with or without a R.O.P.S.M.A. If a change is made the Senior Manager or On-Call Manager must ensure the change is formally recorded on the observation board and in all relevant files.
- 5.7.8 If the Senior Manager or On-Call Manager makes a decision to change the observation, placement or special management directions of a resident without a R.O.P.S.M.A, a R.O.P.S.M.A must be undertaken as soon as practicable to document and obtain further advice in relation to the decision.
- 5.7.9 If a member of staff considers there is reason to change a resident's level of observation, placement or special management requirements, they must consult with the Unit Manager.
- 5.7.10 If the staff member and Unit Manager agree that a change is warranted, and the change relates to a perception that the resident has increased needs or risks (for example, that require an increase in the frequency of observation and/or placement in a room with a camera), staff must increase the frequency of observations of the resident immediately and contact the Manager as soon as possible, to seek authorisation for the change.
- 5.7.11 If the staff member and Unit Manager agree that a change is warranted, and the change relates to a perception that the resident has decreased needs or risks (for example, that may result in a decrease in the frequency of observation and/or movement away from a room with a camera), the Unit Manager must ensure that this information is conveyed to the Manager in a timely manner.
- 5.7.12 Upon receipt of information from staff requesting consideration of a change to a resident's observation, placement and/or special management requirements, the Manager must consider requesting a new R.O.P.S.M.A and may approve interim arrangements.
- 5.7.13 If a resident or another person wishes to seek a review of a decision or make a complaint about a R.O.P.S.M.A, staff must provide relevant assistance to the person and follow the procedures in the Standing Order – Provision of Information, Review of Decisions and Complaints.
- 5.8 Classification
- 5.8.1 The Senior Manager has responsibility and authority for decision-making in relation to determining a resident's classification level.

- 5.8.2 The Senior Manager must take advice from a range of internal and external sources in determining the classification for residents.
- 5.8.3 The Senior Manager must utilise an incentive based classification structure to provide opportunities for residents who engage and participate well in all aspects of activities within the Institution to move through classification levels which offer a range of privileges, freedoms and opportunities that reflect the assessed level of engagement, participation, trust and compliance of each resident. This classification framework must be consistent with an Institution's therapeutic approach to the management of residents' behaviour.
- 5.8.4 The classification structure will provide the basis for residents (based on classification level) to access the following opportunities:
- (a) type of placement (residential unit);
  - (b) increased freedom of movement within an Institution;
  - (c) the range of programming options;
  - (d) access to amenities (e.g. posters, television etc.);
  - (e) access to privileged-based activities (work parties, kitchen, maintenance);
  - (f) access to leave (including for family, educational, program and recreational purposes);
  - (g) provision of earnings; and
  - (h) access to extended provisions for phone calls and visits.
- 5.8.5 The determination of classification will be based on summaries of each resident against the following key areas:
- (a) risk and alerts;
  - (b) engagement and participation in Case Management and programs;
  - (c) engagement and participation in Education;
  - (d) compliance with Institution rules, requirements and expectations;
  - (e) attitude and behaviour; and
  - (f) all other relevant information (e.g. Peer Support, Centre Work Programs, Leave etc).
- 5.8.6 The Senior Manager will convene Classification Review Committee (CRC) on a monthly basis to assist with the review and determination of classifications for all residents. The CRC will comprise of the following people:
- (a) Senior Manager;
  - (b) Operations Manager;
  - (c) Program and Services Manager;
  - (d) Independent Member (e.g. Public Advocate); and
  - (e) Secretariat (provided by the Institution).
- 5.8.7 The CRC will be responsible for determining the classification of each resident based on a Classification Assessment Report and the R.O.P.S.M.A reports for the preceding month. A Classification Assessment Report is developed between the Program and Services Manager and Operations Manager. The Program and Services Manager assesses the progress of each resident against their case plan, their engagement, participation and achievement in Education (Individual Learning Plan), any Health issues, engagement and participation in Therapeutic, Recreational and Developmental Programs and activities, and any other relevant information. The Operations Manager assesses the progress of each resident in relation to their overall compliance with Institution rules and directions, attitude and behaviour, engagement in chores and work, interactions with staff and residents and any safety or security risks/alerts.
- 5.8.8 In the development of Classification Assessment Reports for the CRC each month, information must be obtained from each of the following key areas:

- (a) Operations;
  - (b) Case Management;
  - (c) Indigenous Support Worker (if appropriate);
  - (d) Education;
  - (e) Health (Nursing or Medical);
  - (f) Child and Adolescent Mental Health Service (CAMHS); and
  - (g) any other relevant person/service/agency (eg Recreation, School and/or Programs).
- 5.8.9 A written record must be made of all CRC decisions, authorised by the Senior Manager.
- 5.8.10 The Senior Manager must provide copies of Classification Reports to the Director.
- 5.8.11 The Director may overturn a CRC decision or direction made by the Senior Manager
- 5.8.12 The Senior Manager must provide a copy of the Classification Report to each resident and ensure that the resident is provided with the necessary assistance to understand the report and classification decision.
- 5.8.13 If a resident or another person wishes to seek a review of a decision or make a complaint about a decision of the CRC, staff must provide relevant assistance to the person and follow the procedures in the Standing Order – Provision of Information, Review of Decisions and Complaints.
6. Aboriginal and Torres Strait Islander residents
- 6.1 If a staff member is aware that an Aboriginal and/or Torres Strait Islander resident knows or is related to another resident, this information must be passed on to Senior Manager for consideration in classification and placement of the resident.
- 7 Female residents
- 7.1 Placement of female residents must give due consideration to the desirability of separate sleeping quarters for female and male residents.
- 8 Records and Reporting**
- 8.1 Any actions taken under this Standing Order must be recorded according to the requirements set out in the Standing Order- Records and Reporting. All necessary forms are available on the Department's Intranet.
- 8.1.1 All information collected must be placed on the relevant files and should be securely stored in compliance with both the *Privacy Act 1988* and the *Health Records (Privacy and Access) Act 1997*. Under these Acts, personal client records must be stored in a manner that will minimise the risk to damage, inappropriate or illegal access, movement or modification (including staff accessing records without a legitimate reason). Records containing personal information must be kept up to date and accurate, access by children and young people to their records should be facilitated and if requested corrections/amendments made. Staff must be mindful therefore that information must be kept up to date at all times.
- 8.1.2 All required reports are the responsibility of staff and are to be fully completed before staff members complete their shift, unless otherwise approved by the Manager.
- 8.2 Staff are mandated reporters
- 8.2.1 Staff of an Institution are mandated reporters under the *Children and Young People Act 1999*. As a mandated reporter, staff must, as soon as practicable, report to the Chief Executive 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 Chief Executive a report containing the name of the child or young person and the grounds for the suspicion.

**9 Provision of Information, Review of Decisions and Complaints**

- 9.1 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.
- 9.2 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 or in relation to an Institution, to the Institution, the Public Advocate or the Official Visitor.
- 9.3 Staff must ensure that the Standing Order – Provision of Information, Review of Decisions and Complaints is followed in relation to the above.
- 9.4 Staff must engage with the person seeking a review of a decision or making a complainant 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.

## 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.