

Australian Capital Territory

**Children and Young People (Places of Detention) Visits, Phone Calls and Correspondence Standing Order 2007 (No 1)\***

Disallowable instrument DI2007-6

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) Visits, Phone Calls and Correspondence 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 – Visits, Phone Calls and Correspondence.

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</b> <b>VISITS, PHONE CALLS AND CORRESPONDENCE</b>
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Maintenance of relationships with family members, friends and other significant people in the community is very important for residents. Visits, phone calls and correspondence are the means by which these relationships can be maintained. Contact and support from family members and other people who are significant in their lives can help support residents during their period in an Institution and also contribute to residents' rehabilitation and successful reintegration into the community following their release from custody.

In addition to the above general comments, younger residents require regular contact with family and attachment figures and missed visits or erratic contact can be stressful for young residents.

All staff have a responsibility to support the maintenance of contact between residents and their families and other appropriate supports. Staff should be mindful that some residents' families may be dealing with a range of difficult issues and may require support to maintain their contact with their family member in the Institution. It is appropriate for staff to assist families in this, including by supportive listening to family members' concerns and referral to appropriate agencies if required. If staff become aware of conflict between a resident and members of the resident's family, staff should discuss options with the family for counselling support.

**1 Residents' Access to Visitors, Phone Calls and Correspondence**

- 1.1 The Senior Manager must ensure residents have maximum opportunities for access to visits, phone calls and correspondence, consistent with operational requirements. Without limiting the fore-mentioned requirement, the following are the minimum entitlements for the frequency of personal visits and phone calls:
  - (a) for personal visits - one 30 minute visit each week
  - (b) for telephone calls - one call on admission; and one personal call each weekThe entitlements for professional visits and telephone calls are, as required.
- 1.2 The Senior Manager holds overall authority for determining the schedule of visits and phone calls at an Institution.
- 1.3 The Senior Manager must ensure that people approved to have contact with a resident are aware of the:
  - (a) processes for booking visits and making phone calls to residents;
  - (b) visit and phone call schedule (as per residential unit); and
  - (c) processes for correspondence.
- 1.4 Visits and phone calls will usually only be available during scheduled times, unless otherwise authorised by the Manager.
- 1.5 In exceptional circumstances, for example, if a resident is experiencing significant distress or if there are significant issues in a resident's family, the Manager must consider the provision of additional visits or phone calls. It is expected that staff will be flexible in attempting to meet the needs of a resident and their family at such times.
- 1.6 The Manager will notify the Senior Manager of any variation to the authorised contact schedule as per 1.4 or 1.5.
- 1.7 The Senior Manager must provide the Director with a copy of the visits and phone calls schedule and of any variation to this schedule.

- 2 People Who May Visit, Make or Receive Phone Calls and Correspond with Residents**
- 2.1 Only approved people may have contact with a resident, through visits, phone calls and/or correspondence. The Manager is responsible for giving this approval.
- 2.2 A resident's legal practitioner does not need approval to visit, only approval of dates and times of visits.
- 2.3 The Senior Manager must ensure that an Approved Persons Register is maintained for each resident recording the name and contact details of each person approved by the Senior Manager to have contact with a resident through visits, phone calls and/or correspondence.
- 2.4 Approved personal contacts for each resident may include family member, friends and where relevant, people from the young person's community.
- 2.5 Approved professional contacts for each resident may include:
- (a) program or service provider; and
  - (b) any other person or agency who is not a personal contact.
- 2.6 A resident will only be allowed to correspond or have phone contact with people approved under section 2.1 at the addresses and phone numbers recorded on the list at section 2.3.
- 2.7 In determining whether to approve a person under section 2.1 the Senior Manager must consider:
- (a) the resident's views, age and assessed level of maturity;
  - (b) the views of the resident's parent or person with parental responsibility for the resident;
  - (c) the nature of the relationship between the resident and the person (including the length of the relationship and the likely influence of the person on the resident);
  - (d) any known history of offending by the person, particularly, but not only, any known history of co-offending by the person and the resident (see section 2.9 for more information about this point);
  - (e) any legal recommendations or requirements (eg Protection Order, recommendation of a Court);
  - (f) information or recommendations from a professional service provider (eg. from Care and Protection Services); and/or
  - (g) any other relevant matter.
- 2.8 A known history of offending (including but not limited to, the person having previously been a resident at an Institution) must not be used, in isolation, as a reason to refuse to approve a person under section 2.1. If the person being considered for approval is a family member of a resident, a known history of offending must not be used as a reason for refusing approval under section 2.1.
- 2.9 In considering whether to approve a person under the age of 18 years to have contact with a resident through either a visit, phone call or correspondence, the Senior Manager must, in addition to considering matters at section 2.8, also consider:
- (a) the person's views, age and assessed level of maturity; and
  - (b) the views of the person with parental responsibility for the child or young person.
- 2.10 The Senior Manager must inform a resident and any person refused contact, of the decision. The Senior Manager must also inform both parties of the reasons for that decision, unless the Senior Manager reasonably believes that doing so is likely to have a detrimental effect on the emotional or mental wellbeing of the resident.
- 2.11 The Senior Manager must provide information in writing to the Director of a decision to refuse approval of a person to have contact with a resident. This must include the

name of the refused person, details of the relationship between the person and the resident and the reasons for refusal.

2.12 The Director must keep a record of decisions reported at section 2.11.

2.13 The Director may overturn a decision by the Senior Manager under this section.

2.14 The Director must arrange for reviews of decisions under section 2.1.

### **3 Scheduling of Visits and Phone Calls**

3.1 Unless varied by the Senior Manager, the schedule for visits and phone calls is as follows:

(a) professional visits and phone calls - during business hours Monday to Friday; and

(b) personal visits and phone calls - during evenings and weekends, based on the visit day schedule for individual Residential Units.

3.2 Visits and phone calls will only be available during scheduled visit times unless otherwise authorised by the Manager.

3.3 Visits are to be pre-arranged with staff, preferably allowing 24 hours notice. Anyone wishing to book a visit time with a resident must contact either the Control Room or the Case Management Unit directly. Requests received through the Control Room will be forwarded to the appropriate person (either the Case Management Unit or Manager).

3.4 The Manager will determine the duration of each visit and phone call, giving consideration to:

(a) the best interest of the resident;

(b) physical, emotional and mental health of all residents and, where known, visitors;

(c) the resident's rehabilitation and reintegration needs;

(d) security and good order of the Institution; and

(e) operational requirements.

3.5 The Manager may approve visits and phone calls out of scheduled times when it is considered appropriate and reasonable to do so.

3.6 In the event that there is a change to an arranged visit or phone call, the Manager must ensure all reasonable efforts are made to notify the visitor.

3.7 If there is a change to the routine visit schedules, the Senior Manager must ensure all reasonable efforts are made to give sufficient notice to visitors and residents

### **4 Residents' Right to Decline a Visit or Phone Call or Correspondence**

4.1 A resident may decline to receive a visitor, phone call or correspondence. Where a resident declines a visit or phone call, staff will ensure the person seeking to visit or phone the resident is informed of the refusal as soon as practicable. Where a resident declines to receive correspondence staff must place the correspondence in the resident's property.

4.2 Staff must make a record of a resident's decision to decline a visit, phone call or correspondence. The record of the refusal is to be placed in the resident's personal file.

### **5 Manager's Right to Refuse/Decline a Visit, Phone Call or Correspondence**

5.1 The Manager may prohibit the receipt of a visit, phone call or correspondence by a resident.

5.2 The Manager may not prohibit receipt of a visit, phone call or correspondence with a family member, professional or legal practitioner by a resident as a punishment.

- 5.3 Non family contacts such as friends, girl/boy friend may be restricted as part of a management plan.
- 5.4 If the Manager prohibits a visit or phone call, or correspondence, the Manager must record this decision and the reasons for it in the Approved Persons Register.
- 5.5 The Manager must inform a resident, and upon request, the person whose contact has been prohibited, of a decision to prohibit a visit, phone call or correspondence. The Manager must also inform both parties of the reasons for this decision, unless the Manager reasonably considers that doing so may have a detrimental effect on the emotional or mental wellbeing of the resident.
- 5.6 If the Manager refuses the receipt of a visit, phone call or correspondence by a resident under this section the Senior Manager must report this decision to the Director in writing.
- 5.7 The Director must keep a record of decisions reported under section 5.5.
- 5.8 The Director may overturn a decision under section 5.1 by the Manager.
- 5.9 The Director must arrange for regular reviews of decisions by the Manager under section 5.1.

## 6 Conditions of Visits and Phone Calls

- 6.1 The Manager may determine the conditions of a visit including:
  - (a) the time and duration;
  - (b) the nature of supervision and contact; and
  - (c) any other conditions considered appropriate.
- 6.2 The Manager may determine the conditions of telephone calls, including:
  - (a) the time and duration of the call; and
  - (b) any other condition considered appropriate.
- 6.3 The Manager may, if requested by a resident, visitor or phone caller, impose additional conditions.
- 6.4 Unless there are exceptional circumstances, calls by residents to mobile phones will not be permitted.
- 6.5 The Manager will record any conditions of a visit and/or phone calls in the Approved Persons Register.
- 6.6 All visits with a resident will be in one of the categories listed below at section 6.7. The category of the visit will be determined by a risk assessment that includes consideration of the following:
  - (a) security and safety of all residents, visitors and staff; and
  - (b) health and wellbeing of residents, visitors and staff.
- 6.7 Visit categories will be as follows:
  - (a) Casually supervised contact: These visits will take place under the casual visual supervision of staff. Appropriate physical contact between a resident and the resident's visitor/s is permitted. This visit category will be allowed when there are no known risks against the factors at Section 6.6.
  - (b) Directly supervised contact: These visits will take place in a visiting area under the direct visual observation of staff. Appropriate physical contact between a resident and the resident's visitor/s is permitted. This visit category will be allowed when the Manager assesses that there is some risk against one or more factors at Section 6.6.
  - (c) Supervised non-contact: All supervised non-contact visits shall take place in a visiting area under the direct supervision of staff. No physical contact will be permitted during the visit. This visit category will be allowed when the Manager

assesses that there is a considerable risk against one or more factors at Section 6.6.

- 6.8 If a professional visitor is authorised to enter the operational area of an Institution, they must be escorted by staff.
- 6.9 A visit between a resident and their legal representative must be conducted within sight of staff but outside the hearing of the supervising staff member or any other staff member, resident or visitor.
- 6.10 Staff must not attend a meeting between a resident and his or her legal representative unless requested by the legal representative and/or the resident.
- 6.11 Staff must protect a resident's privacy whilst the resident is making or receiving phone calls unless to do so is reasonably considered likely to affect the safety or security of a person or an Institution.

## **7 Procedures for Visitors on Arrival at, and Departure from an Institution**

- 7.1 A visitor conduct information sheet will be provided to each visitor on arrival at an Institution and an acknowledgment of receipt recorded in the Visitor Log Book.
- 7.2 A visitor will be required to provide photographic proof of identity upon request by a staff member on arrival at an Institution.
- 7.3 A visitor will not be permitted to take the following items into the visits area:
  - (a) cigarettes, alcohol and other drugs, including prescription medication;
  - (b) mobile telephones;
  - (c) handbags, keys or sunglasses;
  - (d) prams and bassinets;
  - (e) bags of any kind;
  - (f) any item that does not have an unbroken tamper proof or manufacturer's seals;
  - (g) any item which is assessed by staff as having the potential to be made into a weapon; or
  - (h) any other item not approved by the Manager.
- 7.4 Visitors who are not legal practitioners may be required to submit their property for a search in order to ensure the security of the Institution and/or the safety of the resident, other residents, staff and other visitors.
- 7.5 Legal practitioners must not be asked to submit their property for a search on arrival at an Institution unless staff form a reasonable suspicion that the legal person may be concealing prohibited items (see section 7.3 for a list of prohibited items) or non-legal information that could threaten the safety or security of an Institution.
- 7.6 While conducting a search of a visitor's property under section 7.4 or 7.5, staff must ensure all reasonable attempts are made to respect the privacy and confidentiality of the visitor.
- 7.7 A visitor who, without reasonable excuse, refuses a reasonable request given by a staff member to submit his or her property for a search, may have the visit refused or be required to place their property in a locker provided and/or have restrictions regarding supervision and/or contact placed on their visit.
- 7.8 In cases where a professional visitor refuses to submit to a property search, the Manager may refuse to authorise the visit. Decisions made under this section need to be reported to the Senior Manager.
- 7.9 If a legal representative refuses a property search on the basis of legal privilege, staff must request that only essential items (paperwork and folders) be taken into the consultation with the resident. The legal representative must secure all other property

- in the locker provided. If a legal representative continues to refuse to follow a reasonable staff request, the staff member must contact the Manager.
- 7.10 If a legal representative refuses to follow a reasonable request by staff, the Manager may refuse to authorise the visit. Decisions made under this section must be reported to the Senior Manager.
- 7.11 Prior to beginning the visit, visitors will secure all personal items not taken into a visit in the lockers provided. Appropriate secure storage for larger items will be made available where necessary.
- 7.12 Visitors must wait in the reception area until the visit is approved. A visitor will be escorted to the visiting area by staff.
- 7.13 Property, stored in accordance with section 7.11 will be returned to the visitor at the completion of the visit.
- 7.14 A visitor leaving an Institution following a visit may be required to handover any items that staff believe to be items removed from the Institution without permission, and/or unauthorised items believed to have been given to them by a resident during the visit.
- 7.15 If a visitor refuses such a request the Manager must allow the visitor to leave and may contact the police to take further action.
- 7.16 The Senior Manager must report decisions under this section to the Director in writing.

## **8 Conduct by Visitors and Residents During Visits**

- 8.1 During a visit, residents and visitors must:
- (a) comply with all reasonable directions given by staff;
  - (b) comply with the conditions of the visit (e.g. non contact visits);
  - (c) not engage in physical contact, behaviour or use language that may offend staff other residents or visitors; and
  - (d) be considerate of, and not cause disruption to, other visits.
- 8.2 Adult visitors are responsible for the care and behaviour of any children brought into the visiting area.
- 8.3 Staff must make reasonable attempts to restrict/prohibit inappropriate behaviour. Inappropriate behaviour is behaviour that is reasonably considered as potentially causing harm or offence to any person present in the visits area.

## **9 Resident Clothing During Visits**

- 9.1 During visits, unless otherwise authorised by the Manager, a resident must wear clothing issued by an Institution.

## **10 Gifts for Residents and Bringing of Items to and From Visits by Residents**

- 10.1 The Manager may authorise the giving of gifts to a resident, following consideration of the safety, security and good order of the Institution.
- 10.2 Any gifts for a resident must be presented by a visitor to staff for inspection prior to the visit.
- 10.3 Any gift regarded as unsuitable, may be returned to the person offering the gift or placed in the resident's property and given to the resident upon discharge from an Institution.
- 10.4 A resident shall not be permitted to take an item into a visit, unless authorised by the Manager.
- 10.5 A resident shall not be permitted to take an item from a visit into the residential area unless authorised by the Manager.



## **11 Refusal or Termination of Visits or Phone Calls**

- 11.1 The Manager may cancel, postpone or terminate any, or all, visits and/or phone calls to an Institution if the Manager reasonably believes it is necessary to do so, to safeguard the health and safety of a resident or the security and good order of an Institution.
- 11.2 The Manager may refuse entry of a visitor to an Institution for a scheduled visit or terminate a visit if he/she reasonably believes that the visitor:
- (a) is, or appears to be, under the influence of alcohol or drugs;
  - (b) is dressed inappropriately;
  - (c) is deemed a potential risk to the health, safety and security of the Institution, its staff and/or residents; or
  - (d) that the visitor/phone caller or resident has failed or refused to comply with the visiting or phone call provisions of this Standing Order, or any reasonable direction given by staff.
- 11.3 If the Manager takes action under Section 11.1 or 11.2, the Manager may require a visitor or visitors to leave an Institution immediately.
- 11.4 Where a staff member determines it is necessary to exercise powers under section 11.1 to 11.3, they must seek authorisation from the Manager. If the Manager is unavailable they may exercise the powers under these sections and report the matter to the Manager as soon as practicable.
- 11.5 The Manager must ensure the resident is informed of the reasons for a decision to refuse to allow a visit or phone call to proceed or to terminate a visit or phone call unless the Manager reasonably considers doing so may have a detrimental effect on the emotional and/or mental wellbeing of the resident.
- 11.6 Decisions made under section 11.1 must be reported to the Senior Manager as soon as practicable.
- 11.7 The Senior Manager must report decisions under this section to the Director in writing.

## **12 Removal by Force**

- 12.1 Where a person refuses to follow a direction to leave an Institution, the Police are to be called to attend and have the person removed.
- 12.2 Staff must conduct an evacuation of the immediate area and the person or persons refusing to leave will be isolated until the police attend.
- 12.3 Staff must not engage in the physical removal of persons from an Institution (that is, must not use force to remove a person from an Institution), unless required under Section 12.4.
- 12.4 In circumstances where it is considered there is an immediate risk to the physical safety of any person, staff may use such force as is necessary to remove or limit the risk. In these circumstance staff must act in accordance with the provisions of the Standing Order – Use of Force.
- 12.5 Any use of force under Section 12.4 must be reported to the Senior Manager as soon as practicable. Staff must also report in accordance with the Standing Order - Records and Reporting.
- 12.6 Use of force to remove a visitor to an Institution must be reported to the Director as soon as practicable.

## **13 Police Interviews**

- 13.1 Interviews by police officers must follow the procedures set out under Standing Order – Police Interviews.

## **14 Hospital Visits**

- 14.1 A resident detained in a health facility outside an Institution may receive visitors as approved by the Manager.
- 14.2 The Manager may restrict, cancel, or refuse a visit to a resident in hospital if it is considered appropriate. Reasons for such a decision may include:
- (a) ensuring the health, safety, wellbeing and secure custody of the resident;
  - (b) ensuring the health, safety and wellbeing of other patients, staff and visitors of the hospital;
  - (c) supporting a recommendation or direction by hospital staff;
  - (d) following a recommendation or direction by a Court, Care and Protection Service, Police; and/or
  - (e) for any of the reasons that would apply, had the visit occurred at an Institution.
- 14.3 In circumstances where the health or medical needs of the resident are serious, staff must support and if necessary, facilitate, contact with family members and if appropriate, friends.

## **15 Resident Correspondence**

- 15.1 Residents' correspondence is classified as personal, legal or professional. Professional correspondence will generally be related to correspondence to or from a program or therapeutic service provider. Legal correspondence relates to any correspondence to or from a resident's legal representative.
- 15.2 Searching and removal of inappropriate items or contraband
- 15.2.1 The Manager may require all correspondence to be searched for inappropriate items or contraband. Such items may include but are not limited to the following:
- (a) bulldog/paper clips;
  - (b) drugs or alcohol;
  - (c) needles, syringes, razor blades; and/or
  - (d) any other item that may cause a risk to the physical or mental health and wellbeing of a resident, staff or visitor or the safety, security or good order of an Institution.
- 15.2.2 If staff discover an item listed at section 15.2.1 they must remove it and ensure it is returned to the sender, stored with the resident's property until the resident's release, or provided to the Police as potential evidence.
- 15.2.3 Legal and professional correspondence searched under section 15.2.1 must be searched, and items removed, in the presence of the resident.
- 15.2.4 Once legal and professional correspondence has been searched, it must be given to the resident.
- 15.2.5 Once personal correspondence has been searched it must be given to the resident, unless the provisions of section 5.3 or section 15.5 apply.
- 15.3 Reading and censoring personal correspondence
- 15.3.1 Staff must not read legal or professional correspondence unless requested to do so under section 15.4.
- 15.3.2 The Manager may require staff to read and censor personal correspondence sent to a resident if the Manager reasonably believes the correspondence may contain content that is inappropriate or illegal.
- 15.3.3 Inappropriate content within correspondence may include, but is not limited to, content that may:

- (a) jeopardise the physical, emotional or mental safety or wellbeing of a resident or someone else;
- (b) jeopardise the security and good order of an Institution;
- (c) be sexually explicit;
- (d) be racially vilifying;
- (e) be degrading in nature;
- (f) be information that relates to crime, committed or planned; and/or
- (g) be inappropriate in another way, as determined by the Manger.

15.3.4 In considering how to respond to correspondence that contains inappropriate material, staff must consider:

- (a) the best interest of the resident;
- (b) physical, emotional and mental health of all residents and, where known, any one else;
- (c) the resident's rehabilitation and reintegration needs;
- (d) security and good order of the Institution;
- (e) the status and conditions of the sender (approved contact section 2.1);
- (f) the resident's views, age and assessed level of maturity;
- (g) the views of the resident's parent or person with parental responsibility for the resident;
- (h) the nature of the relationship between the resident and the person (including the length of the relationship and the likely influence of the person on the resident);
- (i) any known history of offending by the person, particularly, but not only, any known history of co-offending by the person and the resident;
- (j) any legal recommendations or requirements (eg Protection Order, recommendation of a Court, a requirement to provide information relating to the investigation of a crime to the Police);
- (k) information or recommendations from a professional service provider (eg from Care and Protection services; and/or
- (l) any other relevant matter.

15.3.5 If correspondence is read under section 15.3.2 and inappropriate or illegal material is discovered staff must;

- (a) as far as possible, censor inappropriate material and forward the remaining correspondence to the resident. If an item is entirely inappropriate and cannot be censored, it is to be returned to the sender or stored with the resident's property until the resident is released; or
- (b) report any material that appears to be illegal or to relate to the commission of a crime to the Manager for further action and retain the correspondence as possible evidence of a crime.

15.3.6 Staff must provide the resident with an explanation for the censoring, withholding or returning to sender of any correspondence, unless doing so would reasonably be considered to pose a risk to the physical and or mental health and wellbeing of the resident or unless requested not to do so by the Police.

15.3.7 The Director may arrange for audits of the censoring of correspondence to occur to ensure its compliance with this standing order and any other relevant guidelines or requirements.

#### 15.4 Assistance to residents

- 15.4.1 The Manager must ensure that all reasonable efforts are made to assist a resident to understand the contents of any correspondence they receive. In relation to legal or professional correspondence, the Manager may seek assistance from:
- (a) the legal practitioner or service provider who authored the correspondence; or
  - (b) another person approved by the legal practitioner or service provider.

15.5 Senior Manager's power to read all personal correspondence

- 15.5.1 In addition to the requirements of section 15.3, the Senior Manager may direct staff to read all non legal correspondence for inappropriate/illegal content for a specified period of time, if it is considered necessary to maintain the safety and security of residents and others and/or the good order of an Institution.
- 15.5.2 The Senior Manager must report to the Director any decision made under section 15.5.1.
- 15.5.3 The Director may overturn a decision made by the Senior Manager under section 15.5.1.

**16 Resident Contact with their Children**

- 16.1 If a resident is a parent or primary carer of a child, contact between the resident and the child will be facilitated in the manner considered to be in the resident's child's and the resident's best interests. An individual plan for such contact will be developed by the Senior Manager of an Institution in conjunction with Care and Protection Services, the resident, the child (if to do so is meaningful, given the age and maturity of the child) and, where relevant, other family members. The Senior Manager must give necessary consideration to the welfare of all residents, and the safety and security of an Institution in developing the plan.

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

- 17.1 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.
- 17.2 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.
- 17.3 Staff must ensure that the Standing Order - Provision of Information, Review of Decisions and Complaints is followed in relation to the above.
- 17.4 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.

**18 Records and Reporting**

- 18.1 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.
- 18.2 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.
- 18.3 The Manager must ensure that a record of searched correspondence is maintained including the results of the search. Where appropriate a record of the search must be kept on the approved persons register, i.e. contraband or illegal content sent by personal contacts.

## 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.