# Youth detention centre

# OPERATIONAL POLICY

## Title: YD-3-9 Youth detention – Identifying and reporting harm in a youth detention centre

## Policy statement

The department is committed to promoting and protecting the safety, wellbeing and human rights of young people in youth detention centres (YDCs).

Accordingly, the department will:

* provide clear guidelines, training and ongoing professional development to YDC staff to ensure they are able to identify and report suspected harm to young people in YDCs and fulfil their obligations under section 268 of the *Youth Justice Act 1992*
* take appropriate action following an allegation of harm being reported, including any required treatment, support and assistance for the young person
* ensure the identification, reporting, notification and management of suspected harm is conducted in an individualised, trauma informed, culturally sensitive and safe way
* ensure the processes supporting the identification, reporting and management of allegations of harm are transparent and accountable by providing the Office of the Public Guardian quarterly reports about this information, in accordance with section 39 of the *Youth Justice Regulation 2016*.

## Principles

### 1. Defining harm in a youth detention centre environment

1. Harm that has occurred to a young person in youth detention is defined as any detrimental effect of asignificant natureon the young person’s physical, psychological or emotional wellbeing.
2. What is significant is not minor or trivial and therefore may reasonably be expected to produce a substantial and demonstrable adverse impact on the young person.
3. Significance can result from a single act, an omission or an accumulation of factors.
4. It is immaterial how the harm has occurred, for example harm may be caused by a variety of situations in a YDC environment, including:
* a self-harming incident
* an accident resulting from a recreational activity
* sustained verbal abuse
* an assault on a young person by a staff member, visitor to the centre, or another young person
* any harm that occurs while a young person is on a leave of absence.

 Refer to appendix A and B for examples of harm scenarios in a YDC environment.

### 2. When to report a suspicion of harm

1. No definitive set of criteria exists when determining what constitutes harm to a young person. This is because a young person’s response to, and experience of, an incident or event will be unique to each individual young person.
2. Staff are required to use their professional judgement to determine whether a young person has experienced, or is suspected to have experienced, harm.
3. In deciding whether to report a suspicion of harm, YDC staff should consider:
* if the threshold of a significant nature has been reached by considering the effect on the young person’s physical, psychological and emotional wellbeing - is the impact visible, measurable and/or observable (what is the evidence) on the young person’s body, in their functioning or their behaviour
* is the impact significant enough that a reasonable person would expect that the chief executive (by way of the delegate) is informed immediately of the event?
1. In making this decision, YDC staff can discuss their suspicion of harm with a member of YDC management.
2. If still undecided about whether the suspicion is reasonable after consultation, YDC staff should report the matter.
3. If emotional and/or psychological harm is suspected, a member of the multidisciplinary team will complete a harm assessment report to provide further assessment and ensure appropriate supports are provided to the young person.

### 3. How to report a suspicion of harm

1. All staff members are required to identify and report suspected harm to young people in YDCs. This is a requirement in accordance with section 268 of the *Youth Justice Act 1992*.
2. To report an allegation or suspicion of harm, YDC staff have two options:
* report their suspicion in an occurrence report when it relates to an incident
* report their suspicion confidentially to the Client Relations Manager or Advisor, Practice Support Manager, Deputy Director, Assistant Director or Executive Director if the matter relates to an allegation of staff misconduct and/or is of a criminal nature.
1. Harm that is not reported confidentially is reported through the normal incident reporting process on DCOIS.
2. Harm that is reported confidentially will be managed in a sensitive manner by the client relations manager or advisor, practice support manager, deputy director (DD), assistant director (AD) or executive director (ED), who will evaluate the matter and action appropriately. This may involve a referral to the department’s Professional Standards Unit if it relates to alleged staff misconduct as the cause of harm.
3. The shift supervisor is responsible for reviewing all documentation relating to an incident to determine if a young person has experienced harm. If harm is suspected, the shift supervisor will ensure the immediate safety of the young person, contact the unit manager and:
* for suspected physical harm, notify on centre medical staff immediately and request a health assessment for the young person, and/or
* for suspected emotional/psychological harm, notify the multidisciplinary team and request a harm assessment report.
1. If an incident involving a young person is serious or critical in nature (level 1), the shift supervisor will immediately request the multidisciplinary team complete a harm assessment report.
2. If harm is suspected, the unit manager in conjunction with client services, will consider what actions must be taken to ensure the young person’s immediate safety and wellbeing.
3. Client services will review incidents regularly and assist with the identification, response and management of harm (particularly psychological and/or emotional harm).

### 4. Confirmation of the suspicion

1. After a suspicion of harm is reported, the ED, DD or AD in consultation with relevant management and/or client services will make a decision about whether the suspicion meets the threshold for reporting harm under section 268 of the *Youth Justice Act 1992*.
2. In addition to reviewing incident reports, health assessments and/or harm assessment reports, relevant CCTV and body worn camera footage may be reviewed to assist in the determination of whether harm was sustained.
3. The ED, DD or AD will state in the review tab in DCOIS that the suspicion of harm has been confirmed, will ensure that the harm box on the young person tab in the incident report is checked and the appropriate incident classification level has been assigned.
4. If it is identified that harm was not sustained, the harm checkbox should be unselected in DCOIS and the reason for the determination provided.
5. The ED, DD or AD will review all information and ensure the response to the harm has been appropriately managed and responded to. The ED, DD or AD will determine if additional measures or actions need to be taken to support the young person following the suspected harm.

### 5. Actions to be taken following a report of harm

* 1. Following ED, DD or AD review, a decision must be made about what further action or response is required to address the harm, support the young person and ensure any potential re-occurrences are prevented.
	2. Actions and responses that can be taken include (but are not limited to):
* determining the immediate safety needs of the young person
* ensuring the young person’s caseworker, psychologist or other multidisciplinary team member provide increased support, for as long as the young person requires it
* notifying the young person’s parents, guardians, youth justice service centre (YJSC) or child safety service centre (CSSC) of the suspected harm
* assessing ongoing risk to the young person (or other young people) and taking appropriate measures to ensure no further harm occurs, including:
* implementing and/or referring to behaviour support plans for any young people that may have caused the suspected harm
* consulting with and assigning cultural unit staff to visit/assess young people and provide additional support
* implementing a safety plan if there is an ongoing risk to the young person by another young person/people
* relocating a young person/people to other accommodation units, or in extreme circumstances, transfer a young person to another YDC
* making adjustments to physical activities that may have led to the harm and update the related risk management strategy (e.g. if a young person injured themselves playing basketball)
* undertaking workplace health and safety assessments to confirm if any structural works/adjustments are required
* ensuring that if further referrals or investigations are required this is completed, including:
* supporting the young person to make a complaint to the Queensland Police Service
* making a referral to the Professional Standards Unit of suspected staff misconduct
* reminding the young person of their right to make a complaint to the YDC or to an independent advocate such as the Office of the Public Guardian Community Visitors, the Queensland Human Rights Commission and/or other advocacy services
* providing ongoing support to the young person throughout any resulting investigation.
	1. All actions and responses to suspected harm are required to be recorded in DCOIS as part of the incident report.

## Objectives

This policy aims to ensure that the department fulfils its obligations under section 268 of the *Youth Justice Act 1992* and section 16 of the *Human Rights Act 2019.*

## Scope

This policy refers to the obligation of all YDC staff that become aware, or reasonably suspect that a young person has suffered harm while in youth detention, to report harm or suspected harm to the Chief Executive, in accordance with section 268 of the *Youth Justice Act 1992*.

This policy does not refer to the reporting of harm as defined in section 9 of the *Child Protection Act 1999*, which relates to harm alleged to have occurred in an intra or extra-familial context (that is, harm that is alleged to have occurred prior to a young person’s admission to a YDC).

## Roles and responsibilities

* YDC staff:
* report and record any awareness or suspicions of harm of a young person
* report particulars relating to the suspected harm
* record actions taken to support young people following suspicion of harm.
* Practice support managers (BYDC and CYDC) and client relations advisor (WMYDC) and/or intelligence officer[[1]](#footnote-1):
* review relevant CCTV and/or body worn camera footage relating to suspected or confirmed harm
* ensure that all suspected harm is reported to the DD, AD, and/or ED.
* Client relations manager or advisor:
* manage complaints and support young people to make complaints following instances of suspected harm
* provide advice around assessments and determinations of suspected harm
* maintain accurate, timely and comprehensive records of complaint matters, including those that are escalated to ensure the Chief Executive’s complaints management and reporting obligations under section 277 of the *Youth Justice Act 1992*, sections 38 and 39 of the *Youth Justice Regulation 2016* and section 97 of the *Human Rights Act 2019* are met.
* Shift supervisor:
* review all documentation relating to an incident to determine if harm has occurred or is suspected
* request further information and particulars from staff as necessary
* determine if medical assessment and/or harm assessment reports are required, and request these from on centre medical and the multidisciplinary team as necessary
* notify the unit manager if harm is suspected and take steps to ensure the immediate safety and wellbeing of the young person
* ensure that if harm is suspected, the harm check box is selected prior to progressing an incident report in DCOIS; this includes where a harm assessment report may remain pending.
* Multidisciplinary team:
* review incidents on a regular basis and assist in the identification, response and management of harm
* ensure appropriate actions are taken immediately to support any young person suspected of being harmed in consultation with the unit manager, and ensure these actions are recorded
* determine if the young person’s parents, guardians, YJSC or CSSC should be notified of the incident
* if a notification is required, notify the young person’s parents or guardians or, if it is more appropriate, request a member of the cultural unit, the young person’s YJSC caseworker or CSSC caseworker to perform this duty
* complete harm assessment reports and assist in making determinations as to whether emotional/psychological harm is suspected.
* Unit manager:
* ensure appropriate and immediate action is taken to support the safety and wellbeing of the young person, in consultation with the multidisciplinary team
* ensure accurate record keeping surrounding actions taken and supports provided to any young person suspected to have been harmed.
* DD or AD:
* assess incidences of suspected harm identified and reported by YDC staff, medical and staff from the multidisciplinary team, and liaise with relevant management and/or professional staff to confirm whether the suspicion meets the threshold for harm
* ensure all suspected harm is reported as an incident (not behavioural) and any confirmed harm is assigned to either a level 1 or level 2 (high) incident category
* identify and oversee the implementation of additional measures or actions to be taken following an allegation of harm.
* ED:
* ensure suspected harm is reported as an incident (not behavioural) and any confirmed harm is assigned to either a level 1 or level 2 (high) incident category
* ensure that appropriate actions are taken following an allegation of harm
* ensure there are arrangements in place for monitoring incidents of suspected harm and advice is provided to the Youth Detention Forum about any emerging issues.
* ensure practice, training and learning resources comply with this policy.
* Director, Statewide Intel and Secure Services Support:
* provide a quarterly report to the Office of the Public Guardian about confirmed suspicions of harm (in accordance with sections 37 to 39 of the *Youth Justice Regulation 2016*)
* liaise with YDCs to ensure accuracy around cases of suspected harm identified
* collect and analyse data for monitoring purposes about incidents of suspected harm and provide advice to the Youth Detention Forum about any emerging issues
* provide practice support and advice to YDC operational staff and YDC management about issues relating to compliance with this policy
* review and update this policy as required.
* Training team:
* ensure training content complies with relevant policies and procedures
* contribute to policy and procedure reviews as required.

## Authority

*Youth Justice Act 1992*

*Youth Justice Regulation 2016*

## Delegations

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| --- | --- |
| **Position** | **Delegation** |
| Deputy Director-GeneralAssistant Chief Operating OfficerSenior Executive DirectorExecutive Director, Youth Detention CentreDirector, Youth Justice Regional OperationsDirector, State-wide Intel and Secure Services Support  | *Youth Justice Act 1992* Section 263 (2) – Issue directions, codes, standards and guidelines for the security and management of detention centres and the safe custody and wellbeing of children in detention.  |
| Deputy Director-GeneralAssistant Chief Operating OfficerSenior Executive DirectorExecutive Director, Youth Detention CentreDeputy Director, Youth Detention CentreAssistant Director, Youth Detention CentreDirector, Youth Justice Regional Operations Director, State-wide Intel and Secure Services Support  | *Youth Justice Act 1992* Section 263 (5) - Comply with youth justice principles. |
| Deputy Director-GeneralAssistant Chief Operating OfficerSenior Executive Director | *Youth Justice Regulation 2016* Section 39(1) (2) – Chief executive to give information to the public guardian |

## Definitions

For the purpose of this policy, the following definitions shall apply:

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Confidential incident report | Part of DCOIS, it is a report that can only be viewed by a select few YDC management staff. |
| DCOIS | Detention Centre Operational Information System |
| Delegate | The Senior Executive Director, Youth Detention Operations and Reform |
| YDC management | This team is comprised of – ED, DD or AD, unit managers, manager human resources, practice support manager, client relations manager or advisor, team leader, programs coordinator, and manager finance and administration. |
| Harm | Any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing (*Youth Justice Act 1992* section 268(6)). |
| Harm assessment report  | A report completed by the multidisciplinary team to assess whether psychological and/or emotional harm was sustained during an incident.  |
| Multidisciplinary team | Refers to client services at BYDC and CYDC and the therapeutic response team at WMYDC. These teams include therapeutic staff such as caseworkers, psychologists and cultural experts. |
| Occurrence report | Part of the DCOIS reporting suite and refers to a factual account of a staff member’s version of events as part of an incident.  |
| Psychological/emotional harm | The young person’s social, emotional, cognitive or intellectual state is impaired or adversely affected. The harm is significant in nature and may have a cumulative effect and/or be observable behaviours such as anxiety, depression, fear, withdrawal, self-harm or aggression.  |
| Physical harm | A significant physical injury suffered by the young person as a result of self-infliction, accidental or non-accidental means requiring non-cursory medical treatment. |
| Professional Standards unit | Formerly known as the ethical standards unit.  |
| Youth detention forum | A committee including the Senior Executive Director Youth Detention Operations and Reform, YDC EDs and Director, State-wide Intel and Secure Services Support. |

**Human rights compatibility statement**

Youth Justice is committed to respecting, protecting and promoting human rights. Under the [*Human Rights Act 2019*](https://www.qhrc.qld.gov.au/your-rights/human-rights-law), Youth Justice has an obligation to act and make decisions in a way that is compatible with and properly considers human rights.  When making a decision about the care and management of young people, decision-makers must comply with that obligation.

**Multicultural Queensland Charter**

Youth Justice supports the [Multicultural Queensland Charter](https://www.dlgrma.qld.gov.au/multicultural-affairs/policy-and-governance/multicultural-queensland-charter), established under the *Multicultural Recognition Act 2016* (Qld).  The Charter seeks to promote Queensland as a unified, harmonious and inclusive community.

**Child safe standards**

The Royal Commission into Institutionalised Responses to Child Sexual Abuse developed several national [child safe standards](https://www.childabuseroyalcommission.gov.au/making-institutions-child-safe) for institutions and organisations working with children. Youth Justice is cognisant of these standards when considering operational practice guidelines and service delivery in community and youth detention centres.

**State disability plan**

Youth Justice will work with our partners to build a fairer, more inclusive Queensland where people with a disability, their families and carers are able to access the same opportunities, on the same basis as everyone else. We will take actions to progress the priorities of the [All Abilities Queensland: opportunities for all](https://www.dsdsatsip.qld.gov.au/our-work/disability-services/disability-connect-queensland/state-disability-plan-2017-2020/all-abilities-queensland-opportunities-all) state disability plan and support improved access to services for Queenslanders with disability.

## Feedback and reflective practice

Youth Justice recognise that best practice is a constantly evolving process. The Youth Justice Framework for Practice posits that our values guide us in all aspects of our work, including a departmental commitment to continuous improvement and effectiveness. All Youth Justice staff are encouraged to provide feedback about operational policy and procedure to inform routine review of our work to maintain a high standard of service delivery. Please make your views known through your management team or by emailing YDCPracticeEnquiries@youthjustice.qld.gov.au.

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* 1. Director, Practice, Program and Design (16 November 2017)
	2. Youth Detention Governance Committee (06 August 2018)
	3. Deputy Director-General (2 December 2019)
	4. Director, Secure Services Operations and Practice (20 December 2019)
	5. Director, Youth Detention Operations and Support (29 June 2020)
	6. Director, State-wide Intel and Secure Services Support (29 June 2022)

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**Office:** State-wide Intel and Secure Services Support

**Help contact:** Secure Services Support

 YDCPracticeEnquiries@cyjma.qld.gov.au

## Communication strategy

[x] publish on intranet

[x] publish on internet

[x] advise staff to read

[x] supervisors discuss with direct reports

## Links

[Australasian Youth Justice Administrators (AYJA) service standards for juvenile custodial facilities](http://www.ayja.org.au/)

[United Nations Rules for the Protection of Young People Deprived of Their Liberty 1990](http://www2.ohchr.org/english/law/pdf/res45_113.pdf)

*Human Rights Act 2019*

Queensland Human Rights Commission

Youth Detention Centre Operations Manual

Youth Justice delegations

Youth Justice policies

Deidre Mulkerin

Director-General

## Appendix A - Practice examples

The following examples describe cases of suspected harm that may occur in a youth detention centre (YDC) environment.

### Scenario one – Physical harm

Two young people are involved in an altercation. Before YDC staff are able to intervene, one of the young people is violently pushed into a wall.

Medical assessment and treatment provided immediately after the incident indicates that the young person may have fractured their ribs. This is confirmed by an x-ray at the local hospital later that day.

### Scenario two – Physical harm

A young person is participating in a game of football on the oval during recreational time. During a tackle, the young person falls awkwardly on the ground and does not get up.

An ambulance is called and x-rays at the local hospital later reveal that he has a cheekbone fracture and will need surgery to insert metal plates into his face.

### Scenario three – Emotional harm

Young person A and young person B reside in the same accommodation section and have not been getting along very well. Young person A has been verbally aggressive to young person B on an ongoing basis and has made derogatory comments about the young person’s family.

Section staff have noticed that young person B, who was previously well behaved most of the time, has started to misbehave more frequently and has become withdrawn from his peers.

During a meeting with his caseworker, young person B becomes visibly upset and angry about young person A. Young person B states that he does not want to see young person A again and requests to be moved to another accommodation unit.

### Scenario 4 – Emotional and physical harm

Young person A discloses to the section supervisor that young person B pushed a cleaning implement into his genital area while clothed.

Young person A is taken to see the onsite Queensland Health nurse who notices that young person A is showing signs of distress when he sits down. Young person A is also visibly upset and shaking uncontrollably.

## Appendix B – Harm matrix

The following harm matrix provides examples of the types of injuries/behaviours that may constitute harm for guidance purposes only. It is important to remember that the identification of harm will require staff to use their professional judgment, as circumstances and experiences of harm will differ between young people and over time.

This matrix is not categorised into psychological, emotional and physical harm as multiple types of harm can be sustained from a single incident, act, omission or series of events.

| **Not harm** | **Potential harm/uncertain** | **Harm** | **Definite harm** |
| --- | --- | --- | --- |
| Physical altercation resulting in no physical injuries or distress on the young person’s part | Involvement in numerous and persistent physical altercations where no physically injuries were noted | Physical altercation resulting in a black eye/swollen eye/small laceration | Any self-harming behaviours, including ligature use and cuts or scratches to the body  |
| Young person making self-harming statements with no further action  | Physical altercation resulting in a scratch or graze  | Lacerations requiring dressings | Implement used to or attempt to inflict physical injury (bottle lid to scratch arms) |
| Scratch sustained requiring a band-aid | Numerous minor injuries such as lumps, grazes, small lacerations sustained from one incident  | Physical injuries where LOAs scheduled to rule out fractures | Fractures and sprains |
| Young person has few/no friends on centre | Bleeding nose | Immediate bruising | Young person is visibly upset/mood has changed following an interaction with another young person/phone call/court appearance |
| Young person has a non-physical argument with a peer | Young person has a leg injury where no clear bruising is apparent, but has a significant amount of pain following a physical intervention | Accidental injuries such as falling and chipping teeth | Ongoing/consistent bullying |
|  | Sexual comments or remarks made towards a young person by another young person | Consistent and ongoing explicit remarks made to a young person | Sexual assault |
|  | Young person is withdrawn and passively declining program attendance to avoid peers | Young person is purposefully made to feel isolated/excluded by peers | Young person is unable to leave their room due to threats by peers in their section |
|  | Young person is belittled in front of others by a peer | Young person is subject to racial/religious/cultural discrimination by peers |  |
|  | Making genuine self-harming statements after a negative interaction/altercation | Young person experiences a triggering event that causes them to become emotional/distressed |  |
|  | Young person is the subject of teasing by peers | Verbal attacks or threats of violence by peers |  |

1. Noting that WMYDC does not have a practice support manager. [↑](#footnote-ref-1)