

Children's and Young People's Justice Health Services Plan 2008-2012

March 2008

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PART A - Introduction

1 Introduction

1.1 Children and young people in detention

The Corrections Health Program currently co-ordinates the provision of health services to children and young people on committal or remand in the Quamby Youth Detention Centre (Quamby). Quamby will be replaced with the construction of the new Bimberi Youth Justice Centre (Bimberi) at Gungahlin adjacent to Mitchell.

Bimberi will house children and young people on committal or remand. At any one time it will accommodate a maximum of 40 young people, both males and females, aged between 10 and 18 years.

This plan has in part been formulated by discussion with relevant professionals, ACT Health and the Office for Children Youth and Family Support and other stakeholders as well as by reviewing relevant publications.

In order to ensure that the differences in the clinical population, developmental and welfare needs of children and young people were clearly articulated two service plans have been developed; the Children's and Young People's Justice Health Services Plan 2008-2012 and the Adult Corrections Health Services Plan 2008-2012. This also recognises the application of the Human Rights Act 2004 to children and young people as well as other separate legislation for juveniles.

2 Purposes and principles

The function of the ACT Children and Young People's Justice Health Service is to sustain and improve the health of children and young people in detention, by providing and coordinating effective, holistic and efficient health services. The service will be provided by the Corrections Health Program.

2.1 Purpose of the plan

This Plan will identify a framework for the management of the health of children and young people in detention within the youth justice system. It is a services plan, not an operational plan.

This Plan will:

- Define the role of ACT Health in providing for the health needs of residents;
- Identify key health needs of the current and expected populations of Bimberi;
- Identify the services required to appropriately meet these needs;
- Identify best practice strategies for providing health care to residents;
- Identify linkages between government agencies and community services to assist in providing services for residents; and
- Propose key performance indicators to monitor its implementation.

2.2 Background

For the purposes of this document a resident is a person required to be in lawful custody on a charge of an offence, awaiting an appearance before a court, awaiting a sentence on conviction of an offence, or serving a sentence of imprisonment or detention on the order of a court.

Children and young people in detention are highly stigmatised groups, characterised by social and psychological disadvantage. Poor educational attainment, unemployment, social isolation, interpersonal conflicts, financial dependence and substance abuse are defining characteristics of these populations. The health of children and young people in detention is poor when compared to that of the general community and these groups also have a high prevalence of communicable diseases, mental illness and health risk related to drug dependence and other dependencies.

2.3 Underpinning principles

- The health service will work within a Human Rights context.
- Health is a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity.
- There are many social determinants of health that are often exacerbated by the inequalities between top and bottom socio-economic groups.
- ACT Health and the Office of Children Youth and Family Support, will work in partnership to develop appropriate strategies to enhance the health of all children and young people in detention.
- The Corrections Health Program will provide care that is equal to that provided in the general community in a culturally sensitive service model.
- The Corrections Health Program will be accessible and flexible to all children and young people in detention, recognising the constraints of the correctional setting in which they are located.
- Under the *Children and Young People Act 1999* the Chief Executive of the ACT Department of Disability, Housing and Community Services, and her delegates have special responsibilities for children and young people in detention. Additionally in many instances the Chief Executive of the Department holds parental responsibility for these children and young people.
- The confidentiality and release of health and wellbeing information will be discussed and agreed with the client. Information sharing across agencies will occur only with the person's consent unless in the instance where they are at imminent risk of harming themselves or others, or as compelled by law.
- Services will be provided on the basis of clinical assessment of individual need and will be provided using a continuity of care approach. Some services required may need to be provided off-site.
- Improved health care in detention will translate into better health outcomes in the wider community.
- The Corrections Health Program will work with the child or young person and their support team to determine their health and well being goals and link them to key health services and appropriate Non Government Organisations to assist in improving and sustaining their health post release.
- Services will be provided using a patient safety and quality framework where performance is measured, monitored and improved as a result of the analysis of data.
- The Corrections Health Program will meet the Australian Council on Health Care Standards or any other Australian national prison health standards.
- The Corrections Health Program will contribute to new knowledge related to resident health.

2.4 Governance

The Corrections Health Program will be run by, and have direct reporting responsibilities to ACT Health. Staff members will either be employed by, or contracted directly to, ACT Health.

The Corrections Health Program will run in the context of the *Health Act 1993*, the *Human Rights Act 2004* and the *Children and Young People Act 1999*.

The service will follow the principles outlined by the Centre for Health Research in Criminal Justice in that

- (1) *The agency responsible for providing health services must be independent.* ACT Health will deliver health services and will, whilst working with, remain independent of the Office of Children Youth and Family Support.
- (2) *It must be able to provide high quality services.* The service will embrace a best practice correctional health model that will provide services that are equal to those available in the general community; and
- (3) *It must have authority supporting its existence and operations (preferably legislative authority).* ACT Health exists within the legislation of the ACT; any amendments to legislation will be made as necessary to ensure the realisation of this principle.

2.5 Research

ACT Health will participate with local, national and international researchers to promote health research of the highest standards.

PART B - Children and young people in detention

3 Children and young people in detention

There are many pathways that lead to offending. The offending patterns of children and young people generally tend to commence with minor offending and truancy (*Bennett and Holloway 2005*). Therefore, the entry of a child or young person into detention should be seen as a flag to service providers that signals the need for intensive assessment and intervention. Many children and young people have experienced homelessness or trauma prior to entering detention leaving them vulnerable to a range of health related problems. As these children and young people are likely to pass through the system in a matter of days, it is a critical opportunity to assess their needs and begin the process of linking them in to services that can best meet their needs.

The needs of those aged under 21 years and in detention are greater than those of the overall population in detention. Within the UK 95 percent of under-21s have a diagnosable mental illness, substance abuse problem, or both, and many may have an emerging or undiagnosed personality disorder. There are opportunities to not only assist in improving the general health of the young people in detention but also reduce rates of recidivism.

A health program focused on children and young people recognises the importance of understanding their health needs from a population health perspective. Broadening our understanding of health to encompass both gender specific needs and the social factors that impact on health and wellbeing will allow the service to better plan and respond to children and young people's health needs.

3.1 The children and young people health program

As part of the work in the lead up to the opening of Bimberi Youth Justice Centre a health program for children and young people in detention that specifically targets the needs of children and young people will be developed. It will adopt a model of care that focuses on coordinating services that support and assist the child or young person in addressing issues that impact on their health and wellbeing. The service will draw on the experience and expertise of service providers currently working with children and young people at risk such as staff at Quamby and the Junction Youth Health Service. Services will need to be tailored for all age groups – i.e. the health needs of the 10-14 years olds may differ to those in the 15-19 age group.

3.1.1 The client groups

Juvenile detention is a strong predictor of continuing involvement in both the juvenile and adult criminal justice systems. Detaining a child or young person diminishes their chances of successfully completing schooling, gaining employment, acquiring secure housing, sustaining relationships and increases the likelihood of future incarceration. Incarceration potentially exposes children and young people to violence and negative peer influence and limits the opportunities for them to return to their communities. In particular, the majority of children and young people released from detention face serious obstacles in re-enrolling in school, and finding employment.

Crime is committed disproportionately by 15-25 year olds, peaking between the ages of fifteen and eighteen and declining by the late twenties. A study of 33,900 young offenders in NSW showed that the average age of first criminal appearance was sixteen, with 70 percent appearing only once before the Children's Court. Boys are about seven times more likely to be charged with criminal offending than girls (*The 2001 New South Wales Inmate Health Survey*). There has also been a steady increase across Australia in the numbers of female offenders, particularly in regard to drug related and violent crimes.

Child Maltreatment

One of the most common pathways to offending is via maltreatment. The connection between child maltreatment and later involvement with the juvenile and criminal adult justice systems is well known (*Sherman 2005, Stewart, Dennison & Waterson 2002, Gray, Busconi, Houchens, and Pithers, 1997*). The experience of maltreatment in childhood tends to accelerate the age at which offending first begins so that children and young people who have experienced maltreatment tend to offend at a younger age (*Stewart et al 2002*). Children and young people who commence offending at an early age commit more crimes than children and young people who begin offending later (*Gonzales, Schofield and Schmitt 2005*).

As part of its *Drug Use Careers of Offenders (DUCO) Study (2006)*, the Australian Institute of Criminology asked 371 juveniles incarcerated in Australian youth detention centres to report instances of neglect and abuse they had experienced throughout their lifetime.

The study found that:

- 36% of respondents reported instances of violent abuse;
- 27% of respondents reported instances of emotional abuse;
- 18% of respondents reported instances of neglect; and
- 46% of respondents reported at least one of the above types of abuse.

Instances of abuse were found most likely to be carried out by a parent/guardian or by a sibling. These were also linked with drug use and crime. 'Juveniles reporting regular violent or property offending were more likely to report a history of neglect and abuse, as were juveniles reporting high frequency substance use in the six months prior to detention.'

Given this study was based on self reports it could be predicted that these figures are conservative and the actual rate is much higher.

A history of sexual abuse is more common in children and young people in detention than in the general community and they are more likely than others to have been exposed to family risk factors (e.g. domestic violence, parental alcoholism, mental health, instability) in their developmental histories (*Kenny et al., 1999 and Flanagan & Hayman-White, 2000*). The experience of childhood abuse may overlap with the child experiencing more than one form of abuse at the same time. The incidence of one form

of childhood abuse places the child at a significantly heightened risk of experiencing other forms of abuse as well (*Mullen and Fleming 1998*).

Child maltreatment has been found to be associated with relationship problems, poor mental health, intellectual deficits, poor academic performance, eating disorders and substance abuse. Physical maltreatment can result in long term health problems such as visual and auditory impairment and brain damage (*Richardson 2005*).

Homelessness

Homelessness is a risk factor for contact with the juvenile justice system and some children and young people are more vulnerable to being homeless than others. Children and young people who have repeated incidents of maltreatment tend to be more at risk of being placed in alternative care arrangements outside the family home, than children and young people who have not been maltreated (*Stewart et al 2002*). Children and young people in alternative care are at greater risk of becoming homeless than other children and young people (*Wincup, Buckland and Bayliss 2003*).

The trauma and stress of homelessness affects children and young people in different ways and at different developmental stages. However, regardless of age and other circumstances surrounding the experience, it is commonly accepted that homelessness has a detrimental impact on the development and general health and well-being of children and young people (*Institute of Child Protection Studies, 2007*).

The following are identified as areas in which homelessness has an impact on the lives of children and young people:

- health and well being – this includes the high prevalence of developmental delays, nutritional deficits and a variety of acute and chronic medical problems, including asthma, ear infections, skin conditions, recurrent abdominal and gastro-intestinal infections and poor dental health;
- emotional and behavioural issues, education, social exclusion, and family relationships; and
- despite experiencing poorer health than the general population, homeless children and young people have less access to preventative and primary health care. It is critical that effective exit planning occur for children and young people as they exit detention to minimise the risk of exiting to homelessness, recognising the poor health and well-being outcomes associated with homelessness, including high risk of recidivism.

The Department of Disability Housing and Community Services established a pilot project in June 2007, under the SAAP Innovation and Investment Fund, which provides transitional accommodation and support for five young people as they exit youth detention. The service will form part of a coordinated case management approach to ensuring a successful transition for the young person as they exit youth justice. The model allows the young person to take over the tenancy of the property after a 12 month period, to minimise further disruptions.

Alienation from education

Children and young people who have committed crime are more likely to have difficulty in mainstream education and are more likely to have missed a significant amount of classroom time due to being excluded (*Stephenson 2005, Ashmore 2005*). In the U.K. the average reading age for a 17 year old entering custody is below that of an 11 year old (*Stephenson 2005*).

School exclusion has obvious consequences for children and young people with a consequential interruption to education resulting in a vicious cycle of exclusion, under achievement and poor behaviour. Once a child has been excluded from school, it is extremely difficult to find another school that will take him/her and alternative schooling arrangements (such as behavioural support centres) are frequently inadequate (*Corby 1997*).

Social Exclusion

Social exclusion is a term that encompasses a range of complex problems including poverty, inter-generational unemployment and disadvantage, poor housing, poor health, unfair discrimination and family breakdown. The risk of social exclusion is highest for children and young people experiencing multiple disadvantage. It is reported in the UK that only 15% of young people from low socio-economic backgrounds will begin higher education by the age of 21 years compared with 79% of young people who are from middle class professional backgrounds (*Social Exclusion Unit 2004*).

Poor diets, lack of opportunities for exercise and higher rates of smoking and drug use are more prevalent in deprived social groups. Social exclusion can be seen in poor educational attainment, higher unemployment, poor literacy and numeracy skills, poorer health and greater exposure to crime (*Social Exclusion Unit 2004*). All of these factors can lead to increased risk of geographical mobility, domestic violence and substance abuse further exacerbating the social isolation. Unsettled home environments can be a significant factor in the development of criminal behaviour with some young people resorting to drugs and alcohol to help them to cope (*Korn 2004*).

3.1.2 Children and young people in detention

It is anticipated that the client group within Bimberi will have similar needs as those now accommodated by Quamby. Whilst it is not expected that youth detention rates will significantly increase over the foreseeable future the design of Bimberi and new operational procedures will allow for the separation of children and young people in detention by age, gender and legal status.

The context of children and young people in detention in the ACT is unique amongst other the States and Territories:

- overall numbers are small;
- there are increasing numbers of children and young people are remanded for short periods of time;
- the majority of children and young people in detention in the ACT are detained for three days or less; and

- per head of population, the ACT currently detains relatively high numbers of indigenous young people, both males and females when compared with other Australian jurisdictions.

A report commissioned by the Office for Children, Youth and Family Support identified the potential trends with regard to the numbers children and young people in detention. The author of the report, criminologist John Walker, estimated that the numbers of children and young people in detention are unlikely to significantly change over the next 20 years, however if they were to increase they would not rise above 37. In his report entitled *Projections of Youth Detention Centre Accommodation Requirements, 2005-2032* John Walker (2005:17) explains his finding:

“This absolute maximum inmate figure of 37, and the figures for the subgroups should be adequate for the next twenty years, so long as:

- *The current ACT demographic custody rates continue to apply;*
- *The ACT juvenile population follows the latest ABS projections (decline in all ages); and*
- *The police and courts continue to apply “last-resort” logic to juvenile custody in the ACT.*

However, note that to ensure that group separations are achieved where necessary, some additional space is required. To separate males and females with 100% certainty, would require 41 beds (27 for males and 14 for females). To separate sentenced and remand populations would require 40 beds (22 for sentenced and 18 for remand). And so on”.

3.1.3 Demographic profile -

Children and young people in detention by gender and age

Australian Institute of Criminology figures are for the 10-17 age groups on 30 June each year. It is common for Quamby to have between 0-2 young people who are 18 years old.

Males aged 10 to 17 in juvenile detention at 30 June 1981–2005

Year	Numbers		ACT as percentage of Australia	Rates per 100,000 relevant population	
	ACT	Australia		ACT	Australia
1981	13	1119	1.16	75.8	105.2
1982	13	1120	1.16	72.6	103.9
1983	16	1043	1.53	87.0	95.8
1984	6	819	0.73	31.8	74.7
1985	10	765	1.31	52.1	69.6
1986	17	733	2.32	87.4	66.8
1987	11	768	1.43	56.0	70.5
1988	12	683	1.76	60.5	63.2
1989	6	671	0.89	30.4	63.0
1990	9	747	1.20	46.3	71.2
1991	6	653	0.92	31.1	62.7
1992	9	541	1.66	47.4	52.1
1993	5	610	0.82	26.4	58.7
1994	8	708	1.13	42.2	67.9
1995	13	743	1.75	68.7	70.7
1996	6	722	0.83	31.8	67.9
1997	14	710	1.97	74.7	64.2
1998	10	721	1.39	53.9	67.2
1999	12	631	1.90	64.8	58.3
2000	14	602	2.33	75.4	53.3
2001	22	541	4.07	118.2	48.8
2002	12	491	2.44	65.1	44.0
2003	20	583	3.43	109.3	51.8
2004	23			122.2	
2005	12			64.1	

Source: Australian Institute of Criminology Juveniles in Detention data series

Females aged 10 to 17 in juvenile detention at 30 June 1981–2005

Year	Numbers		ACT as percentage of Australia	Rates per 100,000 relevant population	
	ACT	Australia		ACT	Australia
1981	this figure cannot be correct	233	5.58	78.9	22.9
1982	4	205	1.95	23.3	19.8
1983	4	178	2.25	22.6	17.1
1984	3	167	1.80	16.6	15.9
1985	3	112	2.68	16.2	10.7
1986	1	122	0.82	5.3	11.7
1987	2	113	1.77	10.5	10.9
1988	2	87	2.30	10.4	8.5
1989	0	88	0.00	0	8.7
1990	0	78	0.00	0	7.8
1991	1	41	2.44	5.4	4.2
1992	1	36	2.78	5.5	3.7
1993	1	41	2.44	5.5	4.2
1994	1	42	2.38	5.5	4.2
1995	1	43	2.33	5.5	4.3
1996	1	59	1.69	5.5	5.8
1997	2	66	3.03	11.1	6.5
1998	1	49	2.04	5.6	4.8
1999	4	63	6.35	22.4	6.1
2000	1	67	1.49	5.6	6.4
2001	3	63	4.76	16.7	6
2002	3	54	5.56	16.8	5.1
2003	3	57	5.26	17.1	5.3
2004	2			9.8	
2005	6			29.5	

Source: Australian Institute of Criminology Juveniles in Detention data series

Indigenous children and young people in detention

June 30 Count	Aged 10-14		Aged 15-17		Total Persons		Total Persons - Rates per 100,000			
	Indigenous	Other	Indigenous	Other	Indigenous	Other	Indigenous		Other	
Year	ACT	ACT	ACT	ACT	ACT	ACT	ACT	Australia	ACT	Australia
1994	0	1	0	8	0	9	0	413.9	24.6	24.3
1995	0	0	1	13	1	13	183.8	389.7	35.6	26.5
1996	0	0	1	6	1	6	179.2	406.4	16.5	24.8
1997	0	3	3	10	3	13	467.3	429.9	36	22.9
1998	0	3	3	5	3	8	420.8	422.5	22.5	22
1999	2	4	0	10	2	14	261.8	357.5	39.3	19
2000	0	3	2	10	2	13	241	323.9	36.5	17.8
2001	1	4	5	15	6	19	851.1	318.1	53	15.1
2002	0	3	3	9	3	12	401.6	281.4	33.8	13.5
2003	0	6	3	14	3	20	384.6	320.9	57.1	16.1

Source: Office of Children Youth and Family Support

Custodial population (Admissions)

FINANCIAL YEAR	COMMITTAL	REMAND	TOTAL
2002 / 2003	26	231	257
2003 / 2004	25	273	298
2004 / 2005	17	193	210
2005 / 2006	17	250	267
July 06 / March 07	9	213	222

Source: Office of Children Youth and Family Support

Custody days

TIMEFRAME	CUSTODY DAYS
2002 / 2003	5,756
2003 / 2004	7,482
2004 / 2005	6,014
2005 / 2006	6,923
July 06 / March 07	4,900

Source: Office of Children Youth and Family Support

Age in custody

AGE IN CUSTODY	2002 / 2003	2003 / 2004	2004 / 2005	2005 / 2006	July 06/March 07
10 years	0	1	0	2	0
11 years	1	14	2	2	0
12 years	8	15	12	4	7
13 years	17	30	24	24	12
14 years	53	58	29	47	31
15 years	45	60	46	42	47
16 years	70	50	44	66	43
17 years	54	66	51	77	73
18 years	9	4	2	4	9
Total	257	298	210	267	222

Custody Days – population includes children and young people on remand and committal and accounts for the daily population of children and young people held in Quamby Youth Detention Centre.

3.1.4 Expected social factors effecting children and young people in detention

Whilst the numbers of children and young people in custody in the ACT are small their health needs are disproportionately high. This can be directly related to the high level of marginalisation that this group experiences. This experience of marginalisation results in negative impacts for children and young people's health and wellbeing.

3.1.5 Substance abuse

The link between illicit drug use and incarceration is well established with studies showing high incarceration rates among problem drug users and high substance use noted amongst those incarcerated.

Drug use is strongly correlated with social and psychological problems, including poor health, poor school performance, deteriorating family relationships, involvement with high-risk-behaviours, anti social peers and violence (*Terry, Vander Waal, McBride & Van Buren, 2000*). Substance abuse has also been associated with homelessness and offending and occurs at all socio-economic levels (*Prichard et al 2005*).

Most studies have found that the onset of drug use occurs prior to the onset of criminal behaviour with only a minority of studies showing that crime preceded drug use (*Bennet & Holloway 2005*). Substance abuse appears to be a common practice with most juvenile offenders. The most frequently used substances are alcohol (97%), cannabis (94%), amphetamines (50%), inhalants (37%) and ecstasy (33%). An Australian study of 371 children and young people in detention between the ages of 11 and 17 years, by *Pritchard and Payne (2005)* found that almost all juveniles in detention had used two or more of these substances. This compares with 35% for the general adolescent population (*Fransham and Johnson 2003*).

According to *Prichard and Payne (2005)*, compared with other young people of the same age, juveniles in detention tend to:

- use drugs more often;
- start using drugs at an earlier age;
- have a history of familial drug use; and
- have a history of sexual abuse.

Drug offences and drug related crime are increasingly evident in all jurisdictions (*Bennett & Holloway, 2005*).

Available evidence indicates that substance abuse exacerbates criminal behaviour. The study "*Alcohol, drugs and crime: a study of juveniles in detention*" (*Prichard and Payne, 2005*) reports that 70 percent of young people were intoxicated at the time of their last offence. The paper claims that an effective drug treatment program will assist in improving the general health of children and young people in detention and lead to a reduction in recidivism.

The Corrections Health Program will work with the Office of Children Youth and Family Support, ACT Health and non government organisation service providers to establish an effective drug treatment program for Bimberi.

3.1.6 Mental health

Many children and young people in detention have a mild intellectual disability or developmental delay. In regard to developmental delay, which is often a result of childhood trauma, the chronological age of the child/young person does not necessarily correlate with their emotional/psychological age.

Teplin et al (2002) report that 60% of male children and young people and more than two thirds of young women in detention meet the criteria for a psychiatric diagnosis. They also report that young women have higher rates of mental illness than young men.

Given the history of trauma of many children and young people entering detention the behaviour they present with often includes:

- Identity diffusion;
- Disorganised attachment;
- Concrete thinking;
- Empathic deficits;
- Chaotic relationships; and
- Self deregulation.

These behaviours are challenging and require a coordinated approach to identify the best form of treatment. ACT Health will work with all agencies involved to assist in determining the best course of mental health treatment for the child or young person. ACT Health will not undertake behaviour management.

There is an over representation of conduct disorders and Attention Deficit Disorder within the population of children and young people in detention. Evidence suggests that there is an emerging trend towards dual diagnosis with mental health and drug and alcohol misuse. There are also often emerging personality disorders within this group.

Aggression displayed by children and young people in detention is often a sign of depression and/or anxiety in combination with deficits in the verbal skills to express emotions. Therapeutic intervention is critical and linkages back into the community will be developed as part of the post release planning. ACT Health will work closely with the Bimberi Case Management Unit to develop interventions that will be tailored for children and young people in custody and acknowledge the particular characteristics of those who end up in youth detention facilities. Tailored services will be delivered in line with single care plan approach.

4 Service model for children and young people in detention

4.1 Current services

The Corrections Health Program currently coordinates the provision of health services to children and young people on committal or remand in the Quamby Youth Detention Centre. The health services are delivered in accordance with the accepted clinical standards and health practices that are available to the community. The services coordinated include General Health Services and Mental Health Services.

General Health Services include:

- Medical services;
- General health nursing services;
- Dental health services;
- Immunisation;
- Individual counselling;
- Health promotion;
- Pharmaceutical services;
- Pathology services;
- Imaging services; and
- Specialist allied health services.

Mental Health Services include

- Clinical management of the mental health of residents;
- Psychological assessment;
- Individual counselling; and
- Mental health interventions.

4.2 Planned services - general health model

The health program for residents of Bimberi will provide for their primary health care needs and will build upon the experience and expertise built up by the Child, Youth and Women's Health Program ACT, the Corrections Health Program, and Mental Health ACT (CAMHS). It will adopt a model of care that allows for a focus on the coordination of services that support and assist the child or young person in addressing issues that impact on their health and wellbeing.

The child or young person's case manager from the Office for Children, Youth and Family Support in partnership with the health worker (nurse and/or mental health clinician) will fulfill this coordination role. Both will form part of the young person's broader support team (with links to education, accommodation, Community Youth Justice staff, ATSI Workers etc) and will work in partnership with the child or young person to develop a support plan that details their goals associated with the broad issues that impact upon their health. Existing management plans may exist and will be considered by the support team.

The child or young person's case plan will lead to the development of linkages and partnerships with a range of services both within Bimberi as well as in the community.

The case manager will ensure that all agencies have a clear understanding of what their responsibilities are in relation to support provision and implementation. This will assist in ensuring a coordinated approach is adopted. This approach will improve health and wellbeing outcomes for the child or young person upon entering, living in and leaving the custodial environment.

The child or young person's (case) plan will:

- Include the range of support services;
- Clearly articulate goals, roles, responsibilities and reviews;
- Involve the child or young person;
- Be culturally competent; and
- Address the range of goals (including health, education/training, criminogenic influences).

The model will adopt the following principles:

- The child or young person, with assistance from their support team, determines their health and well being goals, noting that some may have a developmental delay, ADHD, intellectual disability, learning disability or mental illness.
- *Mandatory Reporting - Under the Children and Young People Act 1999 Section 159(1) (a) a doctor (b) dentist (c) a person who is an enrolled nurse or a registered nurse ... (i) a person who, in the course of his or her employment, provides services related to the health or wellbeing of children, young people or families ... must report if they reasonably suspect that a child or young person has suffered, or is suffering, sexual abuse or non-accidental physical injury.*
- The child or young person is respected as an individual with unique needs.

There are four elements of the support co-ordination model that are detailed below:

- Assessment done by Quamby staff on admission (immediately);
- Assessment done by Quamby Case Management Unit – within 3 days;
- The range of general health and mental health assessments - within 24 hours. Note that only ACT Health staff or those contracted to ACT Health will undertake health related assessments; and
- Referral for specialist assessments.

Upon entry (within 24 hours) to the youth justice setting a comprehensive assessment will be conducted to assess the needs of the child or young person. Some aspects of this assessment will be done as soon as practical (high priority areas such as potential for drug and alcohol withdrawal, mental health screens for risk of self harm and assessment of existing medical conditions that require medications) and others will be completed over the course of the first few days post entry into the youth justice setting. During this stage the child or young person's support team would be developed.

The next stage of the process is planning. The role of the child or young person's support team is to develop a plan that details the goals and aspirations of the child or young person, which directly relate to the needs that were identified from the comprehensive assessment.

Once goals are developed the support team will coordinate support services to work with the child or young person. Regular reviews of the plan are conducted with the young person to ensure it remains relevant to their needs.

Prerelease planning is completed with the child or young person prior to release to ensure that they are linked in with appropriate services. The introduction of these services prior to release and a meeting between these services, the child or young person and support team will ensure that all parties understand the plan and their role in supporting the child or young person in achieving their goals post release.

Continuity of care post release is important and ACT Health services will work towards meeting the needs and challenges presented by these children and young people. It is noted that this client group frequently have difficulty meeting appointments and continuing with treatment programs. ACT Health will work towards finding individualised responses that assist in the continuity of health care. Other strategies that may need to be employed include provision of outreach and assertive follow-up.

Broadly the *Office for Children, Youth and Family Support Case management process (November 2006)* outlined in Appendix 1 is the process which the Office and ACT Health Staff will follow in providing and planning service to clients to ensure coordination and a consistent approach.

The supplementation of services provided at the Junction Youth Health Service and allowing a rotation of nurses between Bimberi and the Junction would assist in the developing trust and continuity of care post release.

In addition, the core medical and nursing staff will be supported by an extensive team comprising of, but not limited to, general practitioners, paediatric registrars, and other health professionals including allied health staff, dental staff and health promotion experts. Staff from the Child and Adolescent Mental Health Service, including psychologists, registrars and psychiatrists, will provide the mental health component of the team. These teams will undertake:

- Mental health assessments upon admission;
- Specialist mental health services including psychiatric services;
- General practice services;
- Dental health referrals;
- Specialist medical service referrals;
- Allied health services including access to the full range of secondary and tertiary services as required;
- Health promotion;
- Specialist youth health services; and
- Specific services for indigenous children and young people (possibly via Winnunga Nimmityjah Health Centre).

A specialist forensic mental health inpatient unit will operate from a separate campus and its operation is not considered part of the justice health plan.

Given the current over representation of Aboriginal and Torres Strait Islander peoples within the Quamby Youth Detention Centre and the success of indigenous specific health units there is a justification for the development of a culturally sensitive health care service which may include the use of a Aboriginal and Torres Strait Islander health worker and/or doctor. The Corrections Health Program in collaboration with the Office for Children, Youth and Family Support will work with Winnunga Nimmityjah to develop a health service for residents. The Corrections Health Program will assist in contributing to the child or young person's Cultural Care Plan.

The gender specific health needs of young women differ to those of young men. The service will cater for girls and young women and work through issues including sexual health, pregnancy, terminations and menstruation.

General health services will be provided on site. However, due the impracticality of providing for all types of specialist care, to normalise routines for the child or young person and to assist with post release transition, some services will be provided off-site at an appropriate location. Accessing community-based services has benefits for the reintegration of children and young people into the community and the seamless continuation of health service delivery.

As well as providing direct service to children and young people in custody the Corrections Health Program will work with the Office for Children, Youth and Family Support staff at Bimberi in providing information and advice on children and young people consistent with the provisions of the *Human Rights Act, 2004*, the *Children and Young People Act 1999*, the *Health Records (Privacy and Access) Act 1997* and ACT Health policies. Collaboration with the Office for Children, Youth and Family Support staff will enable more informed decision making and coordination regarding resident management whilst in the centre and transition planning for exit.

4.3 On site health care

4.3.1 Registered practitioner services

It is recognised that, for a Registered Practitioner, a youth detention centre is a challenging and complex environment in which to work. General Practitioners will require skills and knowledge in a broad range of areas but particularly those involving working with children and young people, substance misuse, communicable diseases and mental health issues.

A key element for best practice service provision for children and young people residing in the detention environment is that of trust between the patient and their doctor. In order to achieve a level of trust it appears essential for the following principles to apply:

- Continuity of care that allows for the development of a relationship between child or young person in detention and their General Practitioner;
- Care of the patient being the General Practitioner's primary concern; and
- 24 Hours, 365 days per annum, on-call service provision.

The on-call provision could be in part undertaken by contracted to sessional General Practitioners and/or registrars.

Therefore, any General Practitioner service should have:

- A commitment to the long term care of clients similar to the Bimberi population;
- Clinical training and/or expertise relating to the health of children and young people in detention;
- Flexibility in service provision; and
- The ability and willingness to work in partnership with the Office for Children, Youth and Family Support and others in the care of residents.

In order to meet these requirements ACT Health will aim to build a quality General Practitioner workforce by recruiting well, supporting and developing this workforce by providing opportunities for professional development and research, and maintain this workforce through appropriate remuneration and succession planning.

ACT Health has recruited the position of Medical Director Corrections Health Program.

Part of the role of the service is to ensure the opportunity for training in a corrections environment. This will be offered to:

- new and existing staff of the program;
- medical professionals; and
- health professional students.

4.3.2 Physical and mental health assessments on entry

Planned service

Entry into the correctional environment is an inherently stressful time for any child or young person. It is important therefore to make this process as smooth as possible. However, it is also essential that the general health and wellbeing of the child or young person in detention be accurately assessed so that a support plan can be developed. Therefore, upon entering the juvenile detention system all children and young people will have a thorough assessment of their physical and mental health.

This assessment must be undertaken as soon as practical.

Upon entry to Bimberi the child or young person will:

- Receive a comprehensive health assessment. This will incorporate:
 - Mental health;
 - Health risk and harm minimisation;
 - Drug and alcohol management/withdrawal;
 - Neurological chart/withdrawal monitoring form;
 - Drug and alcohol follow up;
 - Suicide risk assessment;
 - Reception risk assessment;
 - Authority to obtain information; and
 - Medication.

- The assessment will also look at other health determinants for the child or young person including:
 - social/emotional health screens;
 - family history;
 - parenting support;
 - living skills;
 - educational background;
 - substance abuse;
 - employment; and
 - financial issues.

Staff authorised to undertake such an assessment may include:

- A Registered Nurse*;
- A General Practitioner*; or
- A CAMHS Mental Health Officer*, Consultant Child Psychiatrist* or Psychiatric Registrar*.

*Note that all of the above will be employed by or contracted to ACT Health.

Where mental health issues are identified or the potential for self-harm are identified appropriate steps for the care of the child or young person should be made. A CAMHS Mental Health Induction Officer will undertake a thorough mental health assessment as soon as practical after arrival at the youth detention centre.

Where general health issues are identified, a treatment plan, which will form part of the support plan, will be developed and implemented as soon as practical.

Residents will be provided with information on the availability of health services and products. Information will also be provided on issues including communicable diseases, safe sex and drug use.

As soon as practical children and young people with specific needs should be identified to allow for interpreter and or culturally specific services to be engaged.

Some aspects of this assessment will be done soon as practical (high priority areas such as potential for drug and alcohol withdrawal, mental health screens for risk of self harm and assessment of existing medical conditions that require medications) and others will be completed over the course of the first few days post entry into the custodial setting. During this stage the support team will be developed.

Protocols will be developed between ACT Health and the Office for Children, Youth and Family Support to allow for the sharing of information between agencies subject to the *Human Rights Act, 2004*; the *Children and Young People Act 1999*, the *Health Records (Privacy and Access) Act 1997* and ACT Health policies. This will be done through a Service Level Agreement completed prior to the commissioning of Bimberi. Residents will be informed as to which information will be contained within their confidential health files and which information will be/could be shared with the Office for Children, Youth and Family Support staff.

4.3.3 General health clinic

The general health clinic will be available to all residents. A five day per week, 10 hour model of care will meet the needs of the residents within Bimberi.

This level of care:

- is consistent with the stated aim of providing a level of service to the children and young people within Bimberi that is equal to those that are provided to the general community;
- provides for a cost effective model of care whilst providing for employees to maintain job security, allow for professional development and career progression within ACT Health;
- allows for continuity of care;
- on call provisions are available if and when needed; and
- allows for flexibility of service provision.

An after hours crisis response protocol will be developed to provide an after hours response. Medical emergencies will be dealt with via the ambulance and paramedical system as is the case in the general community. In this instance the closest hospital would be Calvary.

4.3.4 General health clinic bed based service

Within Bimberi there will be no bed-based services in the sense of an established infirmary. Children and young people requiring treatment will be assessed in treatment rooms and if necessary returned to their rooms where they will be monitored. If hospitalisation is required they will be transferred to a hospital in the community.

4.3.5 Pharmaceutical services

The pharmaceutical service within Quamby and Bimberi will be a patient focused, primary care service based on identified need. The prescribing, dispensing and storage of pharmaceuticals will all conform to the appropriate Australian Standards and ACT and Commonwealth legislation.

The provision of pharmaceuticals and pharmacotherapies to Quamby and Bimberi will be provided by The Canberra Hospital. The Canberra Hospital will provide pharmacy advice and support to those in Quamby and Bimberi. This component of the service is particularly important. The advice and support on all matters relating to pharmaceuticals and their use would include:

- Prescription monitoring;
- Counselling regarding medication issues to residents;
- Drug Information Service;
- Formularies - Development and monitoring of appropriate formularies to ensure cost effective prescribing;
- Policies and Procedures – e.g. in possession protocols, the availability to residents of over the counter medications;
- Treatment Protocols;
- Health Promotion – e.g. contribute to health promotion programs; and
- Education to staff re medications, including dosage, side effects etc as required.

4.3.6 Dental services

Research from the UK indicates that the oral health of prisoner/detainees is approximately four times worse than that of the general population. As most children and young people are residents of Quamby for fewer than 7 days, a system of priority access to a dental assessment and treatment in the community will be developed. It is envisaged that the care coordinator would facilitate the linkage. This is particularly important for these children and young people, many of whom may have never seen a dentist.

Any dental services will be provided by suitably qualified personnel, in line with professional standards, and will adhere to appropriate infection control guidelines. Given that many will be in detention for a short period of time, priority access post release will be implemented.

4.3.7 Drug and alcohol service

Many residents of Quamby and Bimberi will have or have had a problem with alcohol and/or illicit drugs. Drug and alcohol addiction is a health issue and should be treated by health professionals.

The Drug and Alcohol service within Quamby and Bimberi, recognising that drug and alcohol addiction is a health issue, will be tailored towards harm minimisation, demand reduction and effective clinical management for substance misusers. The service will aim to reduce the demand for illicit drugs and move the residents away from the harmful effects of illicit drug use.

In order to achieve the best results for the service will adopt the following principles:

- Regular evaluation. In order to improve service delivery and minimize unintended consequences ACT Health will undertake regular rigorous and comprehensive evaluation.
- Recognition that while supply reduction is effective in the correctional environment there may be instances where the children and young people will continue to use illicit substances.
- Continuity of Treatment. Given the evidence of harm from interrupted drug treatment, it is imperative that continuity of treatment be ensured before, during and after incarceration. Continuity of care should be achieved through the implementation of the support plan that includes post-release treatment plans.
- Harm minimisation through health promotion. It is imperative that the harms associated with continuing use, whether in detention or upon release into the community, be reduced where possible. Efforts must be made to ensure that the child or young person has access to age appropriate information regarding illicit drug use and related harms.
- Drug and Alcohol counseling – Drug and Alcohol counseling is seen as an important tool in the rehabilitation of the child or young person and will continue to be one of the tools used to effectively manage substance misuse.
- Detoxification. The nature of a detoxification program is yet to be determined, however it will be humane and will meet best practice treatment standards.

ACT Health staff working in the facility or those contracted by them will not undertake drug testing. The issue of drug testing is a matter for legislators and the judiciary. The policies and procedures surrounding drug testing are a matter for the Office for Children, Youth and Family Support and ACT Health may be involved as part of a Service Partnership Agreement.

4.3.8 Public health and health promotion

ACT Health will put in place a range of public health initiatives to help to combat the spread of blood borne viruses and sexually transmitted infections as well as monitor public health in Bimberi.

These initiatives will include

- Ensuring compliance with the Public Health Act 1997;
- Disease surveillance;
- Monitoring tobacco use;
- Investigating outbreaks and monitor infection; and
- Providing advice on nutrition to residents and the Office of Children, Youth and Family Support.

ACT Health will further develop policy and procedures around

- Immunisation;
- Hepatitis C treatment; and
- Skin penetration.

Surveillance and routine reporting will be undertaken in relation to mental health, dental health, sexual assault, community health service and ACT Health Accreditation.

ACT Health will adopt the following:

- Vaccination. All suitable residents will be offered and provided with appropriate vaccinations. In this instance either the parent/guardian of or the child or young person will be asked for consent. The Gillick Principle, that a child under the age of 18 years can be allowed to give consent for treatment, rather than their parents if the child 'achieves a significant understanding and intelligence to enable him or her to understand fully what is proposed' (*Gillick v. West Norfolk and Wisbech Area Health Authority [1985] 3 All ER 402, HL*), will be used.
- Blood borne virus and sexually transmitted infections testing. As in the community, all testing for blood borne viral infections and sexually transmitted infections will be available and voluntary. All test results will remain confidential.
- Blood borne virus treatment. Treatment for HIV, Hepatitis C and other blood borne viruses will be available to residents as appropriate, under medical supervision.
- Sexually transmitted infections. Treatment for sexually transmitted infections will be available to residents as appropriate, under medical supervision. Where appropriate the Corrections Health Program will refer residents to the Canberra Sexual Health Centre. Post Exposure Prophylactic will be available to all residents who have had an unsafe sexual encounter to minimise the risk of contracting HIV.

- Residents who are sexually assaulted will be able to access medical and forensic care. Both victims and perpetrators will be referred for appropriate specialist counseling, potentially provided off site. The management and co-location of victims and perpetrators is an issue that will need careful consideration by the Office of Children, Youth and Family Support.

Education, counselling and information specifically about safe sex is particularly important and will be made readily available. As in the community the provision of condoms, dental dams and water based lubricant, as well as specific information on the appropriate use of these products will be available and accessible to young people in detention.

Health promotion is a unifying concept for health care within detention centres and is particularly important when working with children and young people. The service will aim to build the physical, mental and social health of the residents and staff. It will help to improve their health during their stay and assist them in adopting healthy behaviours throughout their lives.

As part of the care coordinator's role linkages to and information on how to access medical care will be made available. Other information will be provided in appropriate languages and media and will be displayed in areas accessible to all residents. These displays will also make the most of the opportunity to share information on healthcare with them with particular regard to health promotion literature. Such information will also be included in the induction program.

Health promotion will cover issues including mental health, well being, smoking, healthy eating and nutrition, healthy lifestyles (including safe sex and relationships), self examination including testicular and breast self-examination, and drugs and substance misuse.

Services will be provided:

- Upon entry;
- At regular intervals during an individual's stay; and
- To staff of Bimberi and the Office for Children, Youth and Family Support

4.3.9 Mental health

In the contemporary correctional settings the treatment of mental health conditions is seen as exceedingly important in the rehabilitation of offenders. As such the treatment of mental health conditions in Quamby and Bimberi is seen as being pivotal for the successful rehabilitation and treatment of many of the children and young people who are residents.

To achieve the best outcome for those residents who have a mental illness and the community as a whole, the 12 principles adapted from Principles for Forensic Mental Health 2003 will be adhered to:

1. Equivalence to the non-offender – all residents will have the same rights to availability, access and quality of mental health care as the general population. As such there will be appropriate equipment and trained staff available on site to

provide services that are to a standard that are comparable to expected community standards.

2. Safe and Secure Treatment - Treatment and care will be provided in an appropriate environment compatible with the treatment and rehabilitation needs of the individual. Where appropriate this treatment will either be undertaken on site or at an appropriately secure psychiatric facility.
3. The provision of mental health care for offenders is the joint responsibility of the health, justice system (including police and court systems) and the Office of Children Youth and Family Support. The responsibilities to the child or young person in detention will be addressed in partnership between these agencies, however the lead agency for providing mental health care must be ACT Health.
4. Access and Early Intervention – residents will have timely referral and access to specialist mental health services when appropriate.
5. Comprehensive child and adolescent mental health services – ACT Health, amongst other services, will provide a specialist mental health service. This service will provide an integrated service across all aspects of the child or young person’s care including return to the community. This service will be coordinated through Child and Adolescent Mental Health Service.
6. Integration and Linkages – in order to minimise barriers to the treatment of residents in the most clinically appropriate setting, the service will be integrated across all aspects of the their care.
7. Ethical Standards - The service will work with the Office for Children, Youth and Family Support in order to ensure that the child or young person’s rights to individual human worth, dignity and privacy is not waived by any circumstance, regardless of an individual’s history of offending or their status as a forensic mental health client.
8. Continuous Staff Development in the key areas of knowledge, attitudes and skills - The Child and Adolescent Mental Health Service workforce requires a high degree of professionalism and strong clinical leadership. In light of the specialised and often challenging nature of forensic mental health service delivery, it is recognised that appropriate training and support are required to build and maintain a highly skilled workforce.
9. Individualised care - Child and Adolescent Mental Health Service will aim to meet the changing needs of individuals, by taking into account the entirety of their biological, psychological, social, cultural and spiritual context. Individualised care will therefore include facilitated access, comprehensive assessment, unimpeded treatment, regular review and recognition of the humanity of the person including the involvement of significant others in treatment, support and care.

10. Quality and Effectiveness – All ACT Health services within Bimberi will have in place a quality improvement process which, through performance outcomes, will identify opportunities for improvement in the delivery of services and includes action to address identified deficiencies.
11. Transparency and Accountability – the services will be subject to processes of accreditation against national standards for mainstream services, external and peer review.
12. Judicial determination of detention/release - Decisions to detain, release or transfer mentally ill individuals found not guilty or unfit for trial because of a mental illness or intellectual impairment will only be made by courts or independent statutory bodies of competent jurisdiction, and will only be made in accordance with the applicable legislation and legal principles, on the advice of suitably qualified mental health practitioners and in accordance with best practice principles

A successful Mental Health program will:

- Involve participation in the support team for the child or young person in detention;
- Ensure that every young person with a diagnosed or diagnosable mental illness has a care plan through the service that includes a release plan that allows for the successful engagement with services in the community;
- Have an emphasis and support for mental health promotion, prevention and early intervention;
- Have an emphasis on access, quality and coordination of services both during and post incarceration; and
- Adopt a recovery orientated treatment service that includes improved links between Bimberi and community based services such as supported accommodation, training and rehabilitative services;

Where possible the Child and Adolescent Mental Health Service will provide services on site at Bimberi.

Just as in the wider community, some of those who are identified may be assessed as needing a greater level of specialist intervention. However, this should not mean, that such children and young people automatically need to be moved from their normal location. Rather, the next level of service should focus on meeting their additional needs by providing such additional support through services based in the youth justice centre.

4.3.10 Optometry

Poor eyesight is identified as a major health concern for adult prisoners and may also be an issue for some residents of Quamby or Bimberi. The provision of limited optometry services to residents may be appropriate. Given the limited numbers of potential patients and the need to establish links with community services, adequate services will be provided off site in the community.

4.3.11 Other health care

External health services are those that will be provided remotely. These services would usually be subject to referral from a primary care setting and may include:

- inpatient services (acute medical, surgical and accident and emergency). Given there are no inpatient services within Quamby and none planned for Bimberi any child or young person requiring inpatient care will need to be treated within The Canberra Hospital;
- physiotherapy. Musculoskeletal complaints are frequently reported and therefore these services will likely be highly utilised. Where specialist equipment is not required, much of the work of a Physiotherapist may be able to be undertaken within the facility. However, from time to time some services may need to be provided external to the facility;
- occupational therapy. It should be noted that, where specialist equipment is not required, much of the work of an occupational therapist may be able to be undertaken within the facility. However, from time to time some services may need to be provided external to the facility;
- diagnostic services; and
- tertiary level of diagnostic and treatment services.

The residents of Bimberi will from time to time need a range of medical specialist and allied health services that could include but are not limited to an endocrinologist, dermatologist or nutritionist/dietician. Many of these services will be provided off site in the community.

4.3.12 Referral pathways

Links will be established with appropriate non-government organisations and community based services. Establishing these links will be an ongoing process. Individual agencies will not be identified in the plan.

5 Staffing and infrastructure

5.1 Workforce training

The training of general staff within Bimberi in the identification of young people with emerging mental health problems will be a priority. This will allow staff to have sufficient competence to identify and act appropriately if they have concerns about the health and well being of a resident.

Bimberi staff will train health staff in the operations of Bimberi and key policies, procedures and legislation.

5.2 Staffing structure for general health services of Bimberi

The health services within Bimberi will involve providing short-term care, observation and assessment leading, if necessary transfer off-site.

At Bimberi the Medical Director, Corrections Health, will be responsible for:

- undertaking clinical work;
- leadership and direction to the Health Team;
- providing high-level policy advice;
- contracting and managing sessional and out of hours GPs;
- management of the day-to-day operation of the service and development and maintenance a productive consultative relationship with the Office of Children Youth and Family Support;
- development of referral pathways and 'throughcare' arrangements with health services external to the youth detention centre; and
- overseeing patient safety and quality activities within the General Health Centre.

Senior nursing staff will be responsible for:

- management of clinical records, including admission, progress and discharge notes, and a care plan maintained according to legislative requirements;
- assisting in the management of the day-to-day operation of the service and developing and maintaining a productive consultative relationship with management of the Bimberi Youth Justice Centre;
- triage;
- care coordination of the child/ young person;
- ensuring that health care is effectively integrated into child/ young person's care coordination including discharge planning by liaising with medical, allied health staff, and community services;
- participating in the support team for the child or young person in detention; dispensing prescription and non prescription medicine; and
- participating in patient safety and quality activities within the General Health Centre.

Youth health nursing staff will be responsible for:

- induction assessment;
- management of withdrawal treatment episodes;
- follow-up nursing interventions;

- triage;
- administering medication as per medical and standing orders;
- participating in the support team for the child or young person in detention;
- implementation and coordination of prevention, education and health promotion programs relating to all child/ young person's health needs;
- providing comprehensive documentation of child/ young person interaction (as appropriate), including treatment provided and management plans;
- initiating and undertaking appropriate treatment/medication/referral in emergency situations;
- liaising closely with staff and other ancillary health staff regarding day-to-day issues related to child/ young persons health and safety;
- ensuring that health care is effectively integrated into child/ young person management, including discharge planning by liaising with medical, allied health staff, and community services;
- maintaining a physically safe and culturally sensitive environment for the child/ young person;
- collecting statistical data as required;
- conducting stock audits;
- maintaining contemporary professional knowledge and skills through a commitment to self-learning, on-going staff development and education and performance reviews;
- complying with relevant legislation, policies and guidelines; and
- participating in patient safety and quality activities within the General Health Centre.

Staff of mental health services will include:

- a part time Forensic Psychiatrist;
- a part time Psychiatry Registrar; and
- two Forensic Mental Health Clinicians.

The mental health clinicians will:

- provide assessments and primary mental health care interventions for the child or young person on self-referral or referral from Bimberi or health service staff. They will either themselves provide those clinical interventions or will refer the child or young person to the Consultant Forensic Psychiatrist or Registrar. The health of the child or young person will be reviewed on a regular basis;
- provide assessments and tertiary mental health care interventions for the child or young person on self-referral or referral from staff;
- provide Bimberi staff with a consultation liaison service for crisis support and behavioural management;
- participate in the support team for the child or young person in detention.
- provide comprehensive documentation of child/ young person interaction (as appropriate), including treatment provided and management plans;
- liaise closely with staff regarding day-to-day issues related to child or young persons health and safety;
- maintain a physically safe and culturally sensitive environment for the child/ young person;

- collect statistical data as required;
- maintain contemporary professional knowledge and skills through a commitment to self-learning, on-going staff development and education and performance reviews; and
- comply with relevant legislation, policies and guidelines.

5.3 Infrastructure at Bimberi

A Health Centre has been designed in Bimberi in consultation with ACT Health. The Centre aims to replicate 'the feel' of service provision in the community. The health centre is located in the design on the 'town square' as a stand alone building with a reception, waiting area, treatment room and consultation room. Office space has been designed to allow the co-location of mental health staff, with nursing staff and the Office for Children, Youth and Family Support case management staff, thus allowing and encouraging active collaboration, sharing and coordination.

PART C - Program needs of specific populations

6 Specific populations

6.1 Aboriginal and Torres Strait Islander peoples

The health of Aboriginal and Torres Strait Islander peoples could be categorised as poor and this in part may be as a result of the community generally being reticent in attending mainstream health services. However research undertaken as part of *The 2001 New South Wales Inmate Health Survey* indicates that when a dedicated Aboriginal and Torres Strait Islander peoples health service is provided most adult Aboriginal and Torres Strait Islander prisoners had used the service (75 percent of women and 87 percent of men). This is supported by the Winnunga Nimmityjah Prison Health Report 2007 "*You Do the Crime You Do the Time*" indicating that a dedicated health service for children and young people may be of benefit in Bimberi.

The health system and Bimberi staff will work towards a healthier Aboriginal and Torres Strait Islander community's by:

- Being responsive to the needs of the Aboriginal and Torres Strait Islander people in the ACT;
- Embracing the diversity of Aboriginal and Torres Strait Islander cultures and ensure that every aspect of health service provision is culturally safe for Aboriginal and Torres Strait Islander people; and
- Delivering quality services to the Aboriginal and Torres Strait Islander people's within the Youth Justice Centre, possibly through the contracting of some services from the Winnunga Nimmityjah Aboriginal Health Services.

The services provided will aim to address Aboriginal and Torres Strait Islander peoples health in a holistic way and encompass mental, physical, family relationships, cultural and spiritual health.

The ACT currently has a recognised dedicated Aboriginal and Torres Strait Islander peoples health service, Winnunga Nimmityjah. This service has extensive experience in providing health services to Aboriginal and Torres Strait Islander peoples and others within a prison based environment. It is highly regarded and has extensive knowledge of and links with the local indigenous community.

ACT Health will work with Winnunga Nimmityjah to deliver a dedicated Aboriginal and Torres Strait Islander peoples service. ACT Health will also promote the employment of culturally appropriate health service personnel.

6.2 Girls and young women's health program

ACT Health Child, Youth and Women's Health Program recognises the importance of understanding girls and young women's health from a population health perspective. Broadening our understanding of female health to encompass gender and age specific needs and the social factors that impact on health and wellbeing will allow the service to better plan and respond to girls and young women's health and wellbeing issues as

services are developed that are meaningful to girls and young women's lives and experiences.

The provision of specific program for girls and young women in custody is essential due to the unique needs and experiences of the girls and young women who enter this environment. To understand these needs two main factors need to be considered to ensure services are provided in a meaningful and relevant way. These factors are:

- The gender specific health needs of girls and young women; and
- The social context of the lives of girls and young women who enter the custodial system.

Gender specific health needs

The gender specific health needs of girls and young women relates to the health needs that are unique to girls and young women such as sexual health, pregnancy, terminations and menstruation. Specific services and information that cover such issues as commencing menstruating whilst in detention, sexual health, pain management, hygiene, nutrition, pregnancy and terminations will be provided.

Mental health services are critical service for girls and young women with depression being a major issue for girls and young women in detention. Self-harming behaviours are more common with girls and young women than with boys and young men.

These services will be provided in conjunction with the specific children's and young person's services.

Social context of girls and young women's lives

Whilst the number of girls and young women in custody is small their health needs are disproportionately high. This can be directly related to the high level of marginalisation that this group of girls and young women's experience. This experience of marginalisation results in negative impacts for girls and young women's health and wellbeing. These include:

- problems arising from dysfunctional and abusive families and relationships;
- poverty;
- indigenous status;
- cultural and linguistic status;
- inadequate housing and chaotic lifestyles;
- dislocation from family and personal supports;
- lack of education;
- unemployment;
- early sexual activity and child bearing;
- single parenthood;
- mental health issues;
- substance abuse; and
- difficulties in accessing health services.

Delivery of health and wellbeing services for girls and young women

The girls and young women's program will adopt a model of care that focuses on case managing or coordinating services that support and assist girls and young women in addressing issues that impact on their health and wellbeing. This health service case management/support coordination role will be fulfilled by a health worker who will support the girls and young women in developing a health and well-being support plan that details the girls and young women's goals associated with the broad issues that impact upon their health as detailed above. This support coordination role will be responsible for developing linkages and partnerships with a range of services both within the justice centre facilities environment as well as external community health and well-being services. The workers will ensure that all agencies have a clear understanding of what each other are responsible for in relation to support provision and implementation of the support plan and ensure a coordinated approach is adopted. The purpose of this approach is to improve health and wellbeing outcomes for girls and young women entering the custodial environment.

This model will adopt the following principles:

- The girls and young women, with assistance from their support worker, determines their health and well being goals.
- Confidentiality of health and wellbeing information, information sharing across agencies and the limitations of such will be discussed and agreed with the client in accordance with the *Human Rights Act, 2004*, the *Children and Young People Act 1999*, the *Health Records (Privacy and Access) Act 1997* and ACT Health policies unless in the instance where they are at risk of harming themselves or others.
- Girls and young women in custody are respected as individuals with unique needs.

Health needs of women with children residing in prison/detention.

Where there is to be an infant/child residing with their mother whilst she is in Bimberi there will be an identified arrangement for both the support of the mother in her parenting needs and of the infant/child's health needs.

The antenatal and postnatal health care needs will be provided by offsite services to ensure the appropriate care is provided for the period of pregnancy and post delivery.

Services of the Maternal and Child Health services will also be provided to ensure appropriate support is provided to address issues of breastfeeding, nutrition, parenting skills education and ongoing support. This will be provided through visits to the centre by Maternal and Child Health services staff and will allow appropriate monitoring of the growth and development of the infant and the support for the mother's needs.

At periods of time where there are a number of young women in Bimberi with infants/ children there will be opportunity to provide group support on parenting issues.

ACT Health will investigate providing parenting programs for all girls and young people in detention with a focus on prevention of the risk factors that lead to intergenerational abuse and neglect.

Health care for the infant/child will be required from a preventative and monitoring perspective and diagnosis and treatment of illness. ACT Health will work closely with other services such as Care and Protection where issues are identified.

There will also be a need for the young children with their mothers in prison/detention to have access to appropriate and specific child health services including immunisation services. Where appropriate, arrangements will be made for services to be accessed off site.

Appropriate family care plans will be developed so that the general health centre within Bimberi can monitor and follow up care received off site.

6.3 People from culturally and linguistically diverse backgrounds

The population of Bimberi will be as culturally diverse as society in general. Identifying the needs of children and young people from culturally and linguistically diverse backgrounds, and ensuring that services are provided which are sensitive to them, will be essential. Provision of information in languages other than English and having ready access to interpreters is part of that. But it is equally important to ensure that those who are providing services have the competence to understand the cultural or religious obligations that may make it difficult or impossible for them to engage with traditional services.

Mechanisms for overcoming such issues will also be established, including the recruitment of staff from ethnically and culturally diverse backgrounds where appropriate.

6.4 Gay, lesbian, bisexual, transgender, intersex and queer young people

Gay, lesbian, bisexual, transgender, intersex and queer young people have specific needs that give rise to specific health concerns and service needs. The health needs of people identifying as either gay, lesbian, bisexual, transgender, intersex and queer identified and health staff will work with them to treat their needs accordingly.

6.5 People with a disability

People with disabilities have specific needs that give rise to specific health concerns and service needs. These will be identified and health staff will work with the young person to treat their needs accordingly.

PART D – Information and evaluation

7 Information management and sharing

ACT Health recognises that, in some instances the sharing of some information is important for the health and well being of the child or young person in detention. To this end it is essential that ACT Health and the Office for Children, Youth and Family Support develop protocols that allow the sharing of appropriate information that are consistent with the *Human Rights Act, 2004*, the *Children and Young People Act 1999*, the *Health Records (Privacy and Access) Act 1997* and ACT Health policies

ACT Health will keep a medical record of each person admitted to Bimberi.

The record will include the following information:

- (a) the name, age, sex and address of the person admitted;
- (b) a history of the admitted person's treatment in the facility, including:
 - (i) the date and time of admission;
 - (ii) any medical condition the person was suffering at the time of admission;
 - (iii) any medical procedures performed on the person while admitted (including the date & time of the procedure);
 - (iv) any medications administered to the person (including the date and time of administration);
 - (v) any anesthetic used on the person while admitted (including the date and time of administration);
 - (vi) the outcome of any treatment;
 - (vii) any adverse events the person experienced while at the facility;
 - (viii) the name of the medical practitioner in charge of the patients care while in the facility;
 - (ix) the name of the general practitioner attending the person outside the facility;
 - (x) the date and time when the person left the facility;
 - (xi) a discharge summary;
 - (xii) if the person is transferred to another health care facility the name of that facility, the date and time of transfer;
 - (xiii) if the person died; the date, time and cause of death.

All information kept on a medical record will be accurate, legible, complete and confidential.

Records will be used to determine the health of the population and the effectiveness of the corrections health programs.

All medical records will be retained for minimum of seven (7) years after the closure of the record and will be stored in a secure area and be protected against unauthorised persons gaining access to those records.

8 Evaluations

The Corrections Health Program will have clear service specifications, utilise specific benchmarking measures and undertake systematic performance monitoring. The Corrections Health Program will seek regular feedback, in order to improve the quality of care to residents. The Chief Executive of ACT Health will report on corrections health in the ACT Health Annual Report.

8.1 Evaluation of the health program in Bimberi Youth Justice Centre

Performance targets for the Corrections Health Program will include:

- 100 percent of young people who are in detention for greater than one week will have a care plan developed that will incorporate a referral to a named community based service and appropriate medication until such time as that service is available to be visited.
- Blood borne virus screening will be offered to children and young people with 100 percent of consenting people screened.
- Rates of blood borne virus transmission monitored, with a goal of a dramatic reduction of the rate of transmission.
- Number of dental occasions of service compared with the rate of tooth decay and mouth and gum disease.
- Children and young people in committal or remand have access to a core continuum of timely, effective health assessment and treatment services.
- There is effective coordination of services across all related sectors including public health and primary care, early child development, schools, community youth services, child protection, alcohol and other drug, youth forensics and youth justice, youth mental health, hospitals, and crisis and residential services.
- Evidence-based practice is utilised as the standard of care for children and young people's health programs and services through providing training and education, and through monitoring standards of practice for all children and young people's health practitioners and settings.
- Monitor the number of acute mental health episodes experienced.
- Monitor the incidence of self harm.
- The service is accredited as part of ACT Health-wide accreditation under the Australian Council of Healthcare Standards.

9 Cross referencing and further reading

9.1 ACT Health

- Aboriginal and Torres Strait Islander Regional Health Plan
- Alcohol, Tobacco & other Drug Strategy 2004-2008
- Anti-discrimination, Harassment and Bullying Policy
- Clinical Risk Management Policy
- Code of Conduct
- Disciplinary Procedures
- Draft Clinical Services Plan, 2005
- Grievance Procedures
- Hazard Management Policy
- Health Action Plan, 2002
- Incident Management Policy
- Internal Review Procedures
- OHS Policy

9.2 The Canberra Hospital

- Aggressive Behaviour Management
- Aggressive Persons
- Armed Hold-up
- Incidents - Patients and Visitors and Equipment Problems
- Internal Emergencies
- Legal Indemnity for Staff
- Nursing Management of Patients under Suspicion of Substance Misuse
- Police Interviews / Telephone and General Enquiries
- Production of Documents to Courts and/or Solicitors or Other Persons
- Risk Management
- Security Policy

9.3 Mental Health

- ACT Mental Health Strategy and Action Plan 2003-2008
- Aggression Management
- Departmental Review of the Quality Framework in Mental Health Clinical Treatment and Care Services in the ACT, October 2002
- Emergency Detention Treatment and Mental Health Orders
- Incidents Reportable to the General Manager
- Reporting and Managing Property Damage
- Restraint of Consumers
- Security Policy

9.4 Community Health

- Clinical Risk
- Incident Reporting
- Safety in the Community Setting

9.5 Other documents

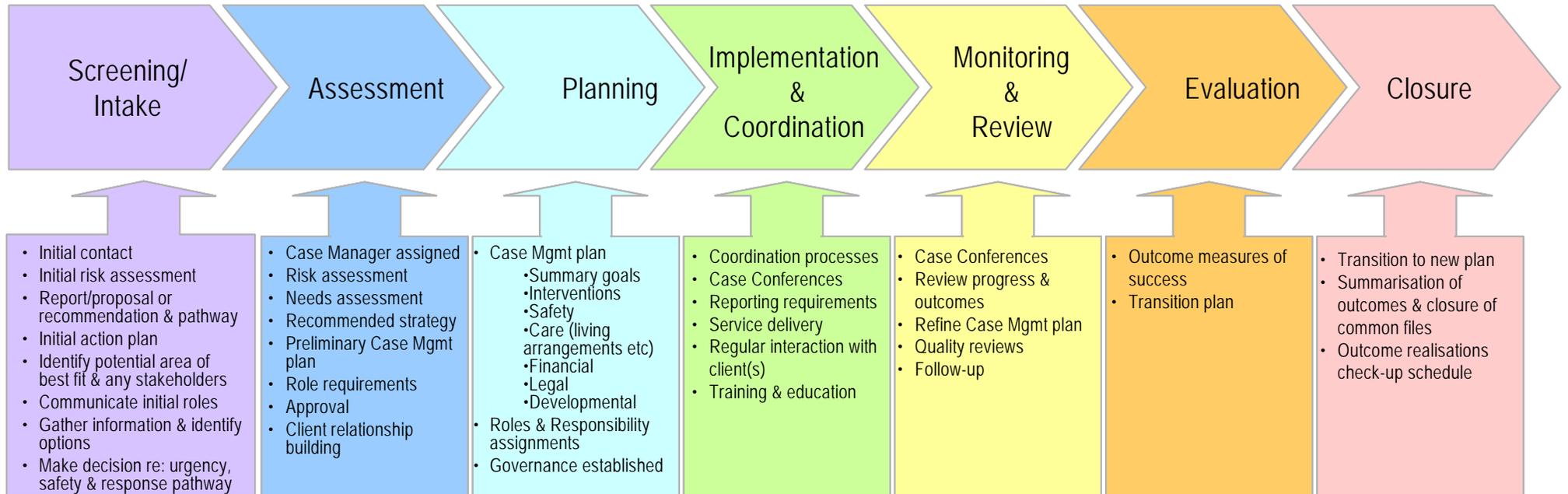
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- Help Us Decide, Building Better Health Services, Department of Health (UK), 2004
- Human Rights Audit of Quamby Youth Detention Centre, Human Rights and Discrimination Commissioner, ACT Human Rights Office, June 2005
- Indigenous young people with cognitive disabilities and Australian juvenile justice systems, Aboriginal and Torres Strait Islander Social Justice Commissioner, Human Rights and Equal Opportunity Commission
- Institute of Child Protection Studies; <http://www.acu.edu.au/research/flagships/icps>

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- Mental Health and Social Exclusion, Social Exclusion Unit 2004
- National Hepatitis C Strategy 2005-2008
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Case Management Methods



Key Common Tools / Actions for all Case Teams:

Initial Assessment leading to decision to proceed

Risk Assessment

Case Management Plan

Governance Process

Case Conferences

Sharing of information/data

Outcome realisation check-up

Collaboration Protocols

Collaboration process & tools

Handover process

Documentation closure

