Tasmanian NPM National Preventive Mechanism

Office of the Custodial Inspector Tasmania

# Expectations on the treatment of **children and young people** deprived of their liberty

Version 1.2 – September 2025

## Acknowledgment of Traditional Owners

In recognition of the deep history and culture of this Island, we acknowledge Tasmanian Aboriginal people, the original and continuing Custodians of the Land, Waterways, Sea and Sky.

We acknowledge and pay our respects to all Tasmanian Aboriginal people, all of whom have survived invasion and dispossession, and continue to maintain their identity, culture and Aboriginal rights.

We commit to working respectfully to honour their ongoing cultural and spiritual connections to this land.

## About the Tasmanian NPM and Custodial Inspector

The **Tasmanian National Preventive Mechanism** (NPM) is an independent statutory body established in accordance with the *OPCAT Implementation Act 2021* (Tas). The purpose of the Tasmanian NPM is to prevent the torture and ill-treatment of people deprived of their liberty by embedding best practice human rights. It does this through proactive oversight of settings where people are or may be deprived of their liberty, ongoing cooperation with government and relevant authorities, and by providing education and advice.

The Tasmanian NPM works alongside NPM's across Australia to ensure the fulfilment of Australia's obligations under the Optional Protocol to the Convention against Torture, Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

The **Custodial Inspector** is an independent statutory body established under the *Custodial Inspector Act 2016*. Like the Tasmanian NPM, its functions include proactive oversight of places where people are deprived of their liberty, focusing on adult custodial centres and youth detention. This occurs through onsite inspections, the subsequent publication of reports that detail findings and recommendations, and regular monitoring of custodial centre systems and records.

The Custodial Inspector is required to inspect each Tasmanian custodial centre against all inspection standards at least once every three years. The Custodial Inspector works in cooperation with the Tasmanian NPM. These expectations form the foundation of its inspections, and it has been delegated authority to exercise Tasmanian NPM functions.

## Contents

# Introduction

## CHILDREN AND YOUNG PEOPLE

| | |
|---|---|
| Deprivation of liberty settings covered by these Expectations | **All places in which a child or young person may be deprived of their liberty, including:**<br>• **youth detention;**<br>• **adult prisons;**<br>• **police and court custody;**<br>• **remand;**<br>• **secure out of home care;**<br>• **mental health settings;**<br>• **education settings; and**<br>• **health and social care settings.** |
| Date of publication | **September 2025** |

These expectations have been created with the intention of upholding the human rights of children and young people deprived of their liberty in Tasmania. They are designed to prevent torture and other cruel, inhuman or degrading treatment or punishment.

The expectations were prepared between 2023 and 2024, as part of the Tasmanian NPM implementation project. Development of the expectations was led by subject matter expert, Ms Megan Mitchell AM.[1]

The expectations were drawn up after extensive consultation and are based on and referenced against international and domestic human rights standards, including the National Principles for Child Safe Organisations (National Principles).

The National Principles were endorsed by all first Ministers across Commonwealth, state and territory governments in response to recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse (2012-2017). The expectations also build on existing inspection standards, and in particular, those relating to custodial inspection functions across Australia

[1] From 2013 to 2020, Megan Mitchell served as Australia's first National Children's Commissioner, where she notably led the development of National Principles for Child Safe Organisations. Prior to this appointment, she served as NSW Commissioner for Children and Young People, and as CEO of the Australian Council for Social Service. Ms Mitchell has led an extensive career in senior leadership positions in child protection and out of home care, disability, juvenile justice and early childhood services; and currently sits on many related boards.

and internationally. This includes the standards contained in the *Child and Youth Safe Organisations Act* 2023 (Tas), which reflect the national principles.

A complete list of relevant international and domestic human rights instruments and acronyms is provided at **Appendix 1: International human rights instruments**.

Preparation of these expectations included in-person visits to places around Tasmania where children and young people are or may be deprived of their liberty. This included Ashley Youth Detention Centre, adult custodial centres, Tasmania Police custody settings, hospitals, secure mental health facilities, education settings, and out of home care.

The Office of the Custodial Inspector has been delegated authority, under section 11 of the *OPCAT Implementation Act 2021* (Tas), to undertake regular Tasmanian NPM visits to custody and youth detention settings where children and young people are or may be deprived of their liberty. This includes adult custodial centres, police and court custody cells and watch houses, and youth detention settings.

This delegation decision was made having regard to Tasmania-specific factors, including:

- Tasmania Police watch house facilities and court cell facilities are managed by the Tasmania Prison Service, whose other facilities are currently examined by the Custodial Inspector; and
- children and young people may transition into and out of Tasmania Prison Service managed settings prior to being sentenced by a court.

Delegation to the Office of the Custodial Inspector is intended to provide children and young people in the justice system with a single NPM contact point throughout their justice system experience.

These expectations replace the Office of the Custodial Inspector's Inspection Standards for Youth Custodial Centres in Tasmania. The primary focus of this document is on youth detention settings. They are also intended to supplement the other Tasmanian NPM expectations materials, where a child or young person is deprived of their liberty in the relevant setting.

The expectations are published in accordance with section 9(i) of the *OPCAT Implementation Act 2021* (Tas), and section 6(c) of the *Custodial Inspector Act 2016* (Tas).

## What are expectations?

The *Optional Protocol to the Convention against Torture* (OPCAT) states that NPM are required to regularly examine the treatment of persons deprived of their liberty in places of detention with a view to strengthening, if necessary, their protection against torture and other cruel, inhuman, or degrading treatment or punishment.

Flowing from this visiting function, the NPM also provides education and advisory services, and engages cooperatively with government, administrators of places of detention, detainees, stakeholders and the public.

Expectations documents are commonly released by NPMs to help people understand some of the matters that will be considered when exercising these functions. They are also working documents; used to support the Tasmanian NPM and its staff when examining different settings. The publication of expectations is a demonstration of the NPM's independence.

To meet Australia's obligations under OPCAT, the Tasmanian NPM exercises its functions to ensure that international human rights standards are met. Expectations documents are created in line with guidance provided by the United Nations Subcommittee on the Prevention of Torture.

The experience of persons deprived of their liberty is at the heart of each expectations document. They serve as a guide to assist with identifying areas of concern, rather than to identify if a practice or situation may constitute a human rights violation. Following this approach, they are designed to focus on outcomes for the person rather than processes.

Each document is organised into overarching topics, followed by expectations, which are underpinned by a series of indicators. These indicators guide the NPM in making a judgment about whether the corresponding expectation is being met by setting out some of the primary ways this occurs (some of which may be essential safeguards, underpinned by law, or in human rights standards). Importantly, indicators are not designed to be a tick-box exercise for compliance, and do not exclude additional or other ways of achieving the expected outcome for the person deprived of their liberty.

For example, a facility may meet an expectation in a different way from what the indicators suggest. We may also decide to use different Indicators if circumstances require this.

## What is the purpose of these expectations?

This document sets out how the Tasmanian NPM expects children and young people to be treated in places (known as 'settings') where they are not free to leave at will. This includes any mobile settings, such as transport vehicles.

The expectations are aimed at creating organisational cultures and practice that foster child safety and wellbeing, and promote respect for human rights. This will help to keep children and young people safe and reduce future harm in organisational settings where children are deprived of their liberty. Inherent in this approach is a commitment to listen to and amplify the views of children and young people who have experienced or are experiencing deprivations of their liberty.

Specific expectations have been developed for children due to their inherent vulnerabilities and distinct developmental needs. The expectations aim to ensure independent and objective assessments of outcomes for children, reflecting that treatment should take into account their full suite of rights under the UN Convention on the Rights of the Child, their age, developmental stage and vulnerability, and the care due to any child. Each expectation theme is presented alongside summaries of the relevant human rights standards and indicators that the expectation has been met.

Within this document, the term 'children' is used to refer to children and young people under 18 years of age, as defined in the UN Convention on the Rights of the Child.

Settings covered by these expectations include:

- youth detention;
- children held in custody in prison facilities;
- police and court custody;
- police or custodial transport;
- secure residential care (for example, residing in out of home care under a Special Care Package);
- health and social care settings (for example, in a secure mental health facility or unit, disability support, or in a Hospital children's ward); and
- education settings, where restrictive practices may be used.

These expectations are designed to supplement other Tasmanian NPM expectations applicable to specific deprivation of liberty settings, in circumstances where a child or young person is present in that setting (e.g. an adult custodial centre).

## What has changed from the previous version (1.1)?

An amendment was made to expectation 2.7 to improve clarity.

### This is an evolving document

This is the first release of the Tasmanian NPM's *expectations on the treatment of children and young people deprived of their liberty*. These expectations will be updated periodically, in response to feedback and changes in international and local best practice. The Tasmanian NPM welcomes feedback at any time from all stakeholders, particularly people with lived experience.

## Summary of expectations

### Topic 1: Material conditions

1.1 Living Conditions
- *Children live in a safe and clean environment that is suitable for children.*

1.2 Safety and comfort
- *Children feel and are safe in their bedrooms and communal areas.*

1.3 Food and water
- *Children have a varied, healthy and balanced diet which meets their individual needs.*

1.4 Food safety and cultural consideration
- *Children's food and meals are stored, prepared, and served in line with religious, cultural, dietary requirements and food safety and hygiene regulations.*

1.5 Clothing
- *Children have access to clean, suitable clothing.*

1.6 Hygiene
- *Children are encouraged, enabled, and expected to keep themselves, their bedrooms and communal areas clean.*

1.7 Property
- *Children's property held in storage is secure, and they can access their stored property on request.*

### Topic 2: Procedural safeguards, voice and participation

2.1 Appropriate authority to detain children
- *Children can only be held in detention under an appropriate authority and should be released at the earliest appropriate opportunity in accordance with legislation.*

2.2 Informal requests
- *Staff and children are encouraged to resolve requests informally.*

2.3 Accessible complaints systems
- *Children understand and have confidence in complaints procedures.*

2.4 Appeals, external complaints mechanisms and advice
- *Children feel safe from repercussions when using complaints procedures and are aware of appeal procedures.*

2.5 Legal rights

- *Children are informed of their legal rights and are supported to understand and exercise those rights.*

2.6 Information about a child's deprivation of liberty
- *Children are informed about and understand the context of time in secure care, their sentence or remand in custody.*

2.7 Promotion of children's rights
- *Children's rights are promoted by staff, and children are informed about and understand their rights.*

2.8 Participation in decision making
- *Processes are in place to encourage the participation of children in decisions that affect them, children have access to accessible information, understand their rights and how to raise concerns.*

2.9 Privacy and confidentiality
- *Information regarding individuals must be kept private and confidential, with monitored and documented processes in place for appropriate information sharing between staff and agencies directly involved with the young person's care and management.*

2.10 Accountable record keeping
- *There should be robust and accountable recording and reporting systems for major aspects of the facility's activities.*

## Topic 3: Healthcare

3.1 Clinical governance and partnership
- *Children are cared for by services that accurately assess and meet their health, social care and substance use needs and which promote continuity of health and social care on release.*

3.2 Treatment
- *Children receive treatment, sensitive to their needs, from competent staff in environments that promotes dignity and maintain privacy.*

3.3 Health promotion
- *Children are supported and encouraged to optimise their health and well-being.*

3.4 Initial assessment
- *Children's immediate health, substance use and social care needs are identified on reception/admission and responded to promptly and effectively.*

3.5 Access to primary care services
- *Children's individual, ongoing health care needs are addressed through an appropriate range of care services. Continuity of care is maintained on transfer or release (including on remand).*

3.6 Mental health
- *Children with mental health problems are identified promptly and supported by community-equivalent services to optimise their mental wellbeing during their detention or placement in secure care and on transfer or release.*

3.7 24-hour in patient care
- *Children requiring 24-hour care are supported by a program, facilities and health care staff to meet their individual needs.*

3.8 Substance misuse
- *A coordinated and strategic approach to drugs and alcohol ensures supply and demand reduction and that treatment is integrated, effective and meets children's individual needs.*

3.9 Medical and pharmaceutical interventions
- *Children receive community equivalent, patient-centred medicines optimisation and pharmacy services.*

3.10 Dental services and oral health
- *Children have timely access to dental checks, oral health promotion and any necessary treatment, including orthodontic treatment.*

## Topic 4: Contact with the outside world

4.1 Children, families and contact with the outside world
- *Children are supported to establish and maintain contact with families and other sources of support in the community.*

4.2 Visits entitlement
- *Children can maintain access to the outside world through regular and easy access to visits.*

4.3 The visits environment
- *The visits environment is a clean, respectful, and safe environment and meets the needs of children and their visitors. Visitors are made aware in advance of routines and available support services.*

4.4 Access to a range of communication channels
- *Children can maintain contact with the outside world through regular and easy access to mail, telephones and other communications.*

## Topic 5: Equity, diversity and non-discrimination

5.1 Equity is upheld, and diverse needs respected
- *Staff and children understand the agency's commitment to equity, diversity, and non-discrimination.*

5.2 Strategic management

- *Managers demonstrate leadership in delivering a coordinated approach to embedding equality considerations, eliminating all forms of discrimination and promoting inclusion and respect for diversity.*

5.3 Fair processes
- *Processes ensure that no child or group is unfairly disadvantaged.*

5.4 Non-discrimination
- *Discriminatory behaviour is challenged robustly and consistently.*

5.5 Children's involvement in non-discrimination
- *Children are given opportunities to play an active role in eliminating discrimination and are regularly consulted to strengthen and support the elimination of discrimination.*

5.6 Treatment of remandees
- *The unsentenced status of remanded children should be respected in the way they are treated while in detention.*

  *Remandees must have no less access to services, activities, and amenities as sentenced children, and be able to access additional services required in line with their remand status.*

5.7 Foreign nationals, refugee, and asylum-seeking children in custody
- *Children who are foreign nationals, refugees or seeking asylum are treated equitably and according to their individual needs.*

5.8 Needs of specific cultural groups.
- *The specific needs of children from diverse cultural groups are identified and met.*

5.9 Children with disability
- *The specific needs of children are met. Children with disability are identified, treated with respect, and afforded reasonable adjustments to ensure access to all programs and activities.*

5.10 Trans and intersex children
- *Specific needs of children who are trans, intersex or have gender divergent identities are acknowledged and respected.*

5.11 Sexual orientation
- *Specific needs of children of all sexual orientations are met.*

5.12 Faith and religion
- *The specific needs of children of all religions are met.*

5.13 Children in care
- *The specific needs of children who are in the care of the state are managed appropriately so that they receive their full entitlements.*

5.14 Parenting responsibilities
- *Special considerations should be made for children who are parents or have parenting responsibilities.*

5.15 Girls

- *The specific vulnerabilities of girls are recognised, and effective safeguards are applied that do not impede on their rights in comparison to boys.*

5.16 Children in adult settings

- *The specific vulnerabilities of children in adult settings are recognised, and effective safeguards are applied to protect them from abuse.*

## Topic 6: Safety, order, discipline, and restrictive practices

6.1 Behaviour management

- *The agency has a behaviour management strategy in place which is understood by all staff and regularly reviewed.*

6.2 Behavioural standards

- *Children understand the standards of expected behaviour and the rules and routines of the establishment. Children are encouraged to behave responsibly.*

6.3 Incentive and reward schemes

- *Children are motivated by an incentives scheme which rewards effort and good behaviour and has fair sanctions for poor behaviour.*

6.4 Bullying and related behaviours

- *Children, staff, and visitors understand that bullying and intimidating behaviour are unacceptable and are aware of the consequences of such behaviour.*

  *Any form of intimidating or violent behaviour is consistently challenged and not condoned.*

6.5 Disciplinary procedures

- *Formal disciplinary procedures are age-appropriate and aimed at supporting positive behaviour and reparation where appropriate. They are applied fairly and for good reason.*

6.6 Separation/isolation

- *Children are only separated from others or removed from their normal location with the proper authorisation and are located for appropriate reasons. Separation is not used as a punishment.*

6.7 The use of force

- *Force is used only as a last resort, to a minimum degree and for the shortest possible time, and if applied is used legitimately by trained staff.*

  *The use of force is minimised through preventive strategies and alternative approaches which are monitored through robust governance arrangements.*

6.8 Restraint

- *Restraint techniques are only used legitimately and as a last resort when all other alternatives have been explored. Restraint techniques are not used as a punishment or to obtain compliance with instructions.*

## Topic 7: Life in detention

7.1 Assessment and case management

- *Each young person must have in place a detailed case management plan executed by an appropriately trained caseworker.*

7.2 Relationships between staff and children

- *Children are treated with care and respect for their human dignity at all times. Relationships between children and staff are warm, compassionate and helpful, with appropriate boundaries maintained.*

7.3 Personal safety

- *Children feel and are safe in their bedrooms and communal areas.*

7.4 Budgeting and money

- *Children are given advice and support on managing their money and in purchasing goods.*

7.5 Personal responsibility

- *Children in custodial settings are encouraged and supported to take responsibility for their rehabilitation recovery and to contribute positively to life in the facility.*

7.6 Significant staff

- *Children have an identified member of staff they can turn to on a day-to-day basis who is aware of and responds to their individual needs.*

7.7 Time out of bedroom

- *Children spend most of their time out of their bedroom, engaged in activities such as education, leisure and cultural pursuits, seven days a week.*

7.8 Library and computer access

- *Children have good access to a well-equipped library which meets relevant Australian and Tasmanian standards and are encouraged to use it frequently, as well as access to appropriate computer resources.*

7.9 Physical fitness

- *Children benefit from physical education and fitness provision that meets their needs.*

7.10 Health and fitness promotion

- *Children understand the importance of healthy living and personal fitness.*

7.11 Creative arts
- *Children can access creative activities which promote learning, wellbeing and support rehabilitation.*

7.12 Education, skills, and work activities
- *Children are fully engaged in a program of education, learning and skill development to meet their individual needs.*

7.13 Independent research and living skills
- *Children are encouraged to develop their research and independent learning skills, including the development of their digital skills, through supervised use of the internet.*

7.14 Learning and skills outcomes
- *The leadership and management of education, skills and work activities effectively improves outcomes for children.*

7.15 Prosocial education
- *Children feel safe in education and activities and develop behaviours that help them to minimise reoffending.*

## Topic 8: Governance and Leadership

8.1 Direction
- *Leaders work collaboratively with staff, stakeholders, and children to set and communicate strategic priorities that will improve outcomes for children in custody.*

8.2 Philosophy and focus
- *Arrangements for children reflect a child-focused philosophy, operated independently of adult services.*

8.3 Transparency
- *Current information about agency policy and operations are readily available to staff, visitors, and any other interested parties as appropriate.*

8.4 Engagement
- *Leaders create a culture in which staff and other stakeholders willingly engage in activities to improve outcomes for children.*

8.5 Governance
- *Governance arrangements facilitate implementation of child safety and wellbeing policies at all levels.*

8.6 Continuous improvement

- *Leaders focus on delivering priorities that support good outcomes for children in custody. They closely monitor progress against these priorities.*

8.7 Sustainability
- *Leaders should adopt and promote principles of sustainability and child-centred design, to be reflected in daily operations.*

## Topic 9: Resources, staff skills, and knowledge

9.1 Resources
- *Children achieve desirable outcomes because necessary resources are provided.*

9.2 Recruitment and induction
- *The organisation emphasises its commitment to child safety and wellbeing when advertising for, recruiting and screening staff and volunteers.*

9.3 Supervision and retention
- *Ongoing supervision and people management is focused on child safety and wellbeing.*

9.4 Skills and knowledge
- *Staff and volunteers should be equipped with the knowledge, skills and awareness to keep children and young people safe and well.*

9.5 Training and development
- *All staff must be appropriately trained and receive ongoing development, and reaccreditation where necessary.*

9.6 Workplace Safety
- *Effective emergency management, Workplace Health and Safety and other systems are placed to ensure safety.*

## Topic 10: Arrival, travel and induction

10.1 Travel
- *Children travel in safe, secure, decent conditions, are treated with respect and attention is paid to their individual needs. Children should be transported only when it is absolutely necessary.*

10.2 Arrival
- *On arrival children are safe and treated with respect, their individual needs are identified and addressed, and they feel supported on their first night.*

10.3 Induction

- *Induction takes place promptly and children understand the establishment's routines and how to access available services and support.*

## Topic 11: Safety in care

11.1 Protection from harm and neglect

- *Children are provided with a safe and secure environment which protects them from harm and neglect. They receive services that are designed to ensure safe and effective care and support.*

11.2 Child protection

- *Protection concerns are identified and investigated, and action is taken to prevent further harm.*

11.3 Self-harm prevention

- *The establishment provides a safe and secure environment which reduces the risk of self-harm and suicide. Children at risk of self-harm or suicide are identified at an early stage and given the necessary support.*

11.4 Security

- *Children are kept safe through attention to physical and procedural matters, including effective security intelligence and positive relationships between staff and children.*

11.5 Searches

- *Children are subject to searching measures that are appropriately assessed and proportionate to risk.*

## Topic 12: Pre-release and reintegration

12.1 Release planning

- *Planning for a child's release or transfer starts on their arrival in the setting. Resettlement underpins the development of all work and activities.*

  *Planning is supported by partnerships in the community and informed by assessment of children's risk and need.*

  *Ongoing planning ensures a seamless transition into the community.*

12.2 Public protection

- *Children who may present a risk to the public on their release are managed appropriately.*

12.3 Child transferring from juvenile to adult settings

- *Children who transfer or who are likely to transfer to adult services are managed appropriately.*

12.4 Post release accommodation

- *Appropriate care and accommodation are arranged before children are released.*

12.5 Healthcare on release

- *Children with continuing health, social care and substance misuse needs are prepared and helped to access services in the community before their release.*

12.6 Financial management advice

- *Children are given advice and support on how to manage their money and deal with debt on release.*

## Expectations and indicators

### Topic 1: Material conditions

*(including accommodation, food and water, clothing and bedding, lighting and ventilation, sanitary facilities and personal hygiene)*

| Expectations | Indicators |
|---|---|
| **1.3 Living conditions:**<br><br>Children live in a safe and clean environment that is suitable for children. | • Bedrooms and communal areas are light, well decorated and suitable for children.<br>• Within their bedroom, children have their own bed, chair, lockable cupboard, and provision for storage of personal belongings.<br>• Children are allowed to personalise their bedroom.<br>• Children have access to drinking water, toilet and washing facilities at all times.<br>• All toilets and washing facilitates are screened.<br>• Residential units are calm and quiet to promote rest and sleep.<br>• Children can operate the lights in their bedroom.<br>• Children have access to intercoms in their bedroom.<br>• Notices are accessible and displayed in ways that can be easily seen.<br>• Children have use of properly equipped areas for socialising and outdoor areas for daily physical activity.<br>• Children can organise their own activities.<br>• Children have ready access to a private telephone to make calls to nominated family members, friends, lawyers and other advocates and supporters.<br>• Individual units are small, have low numbers of residents and are purpose-built for housing children.<br>• Custodial and secure care settings are designed to be child-friendly and are not overly institutional or imposing in their appearance or operations. |

| | |
|---|---|
| | • Secure residential settings look and feel like a family home.<br>• Where design, redesign, or refurbishment opportunities present, children can have input.<br>• All bedrooms, communal and activity areas have access to natural light. Fresh air and safe, green, outdoor areas are readily accessible.<br>• In custodial settings, the design and layout of buildings enable the accommodation of fluctuating numbers of young people, different living spaces to suit higher supervision needs, or to suit shared living quarters and separate housing for remandees.<br>• There are sufficient multi-purpose and single-purpose activity rooms and spaces to meet the need for education, programs, visits, interviews, recreation and leisure activities.<br>• Recognising the proportion of Aboriginal children in custody and that the detention centre is built on traditional Aboriginal land, there is visual acknowledgement of youth and Aboriginality in the design, decoration and fittings of the detention centre.<br>• In custodial settings, procedures exist and regular forward planning occurs to manage occupancy fluctuations and minimise its impact on the health, wellbeing and safety of children.<br>• In all settings, fixtures and fittings are robust, but not industrial in their appearance, and can handle constant use and substantial wear and tear.<br>• Regular cleaning, maintenance and replacement schedules are documented and followed.<br>• Effective processes for identification and remediation of faults, breakdowns and unserviceability are documented and followed.<br>• Security is maintained at the lowest level required, in a discreet and unobtrusive manner. |

| | |
|---|---|
| | • Settings are designed to provide staff with clear lines-of-sight and surveillance without being overly restrictive or oppressive. |
| **1.2 Safety and comfort:**<br><br>Children feel and are safe in their bedrooms and communal areas. | • Bedrooms and communal areas are well ventilated, climate controlled, and temperatures follow relevant health recommendations. Bedroom temperatures can be adjusted to meet a child's health and wellbeing needs.<br>• Setting-appropriate safeguards are documented and followed to ensure all children are kept and feel safe.<br>• Staff are aware of and manage potentially unsafe areas and times when children may need additional supervision.<br>• Children are not required to share accommodation.<br>• Children who choose to share accommodation are subject to regularly reviewed risk assessments.<br>• Communal areas meet the needs of children and are supervised by staff.<br>• Children can raise an alarm in the case of an emergency and staff respond promptly.<br>• Documented processes exist to manage emergencies, staff responses to serious emergencies are reviewed, and children and staff can access appropriate supports following an emergency event.<br>• Children have privacy keys to their bedrooms.<br>• Observation panels in doors remain free from obstruction.<br>• Staff undertake regular, unobtrusive supervision of sleeping areas to ensure children's safety. |
| **1.3 Food and water:**<br><br>Children have a varied, healthy, and balanced diet which | • Meals are served at times consistent with those generally observed in the community and can be eaten communally.<br>• Children are provided with three meals a day, have a choice of meals, and can make dietary choices. |

| | |
|---|---|
| meets their individual needs. | • Meals meet individual medical requirements.<br>• Children's meals are healthy and reflect the needs of growing children.<br>• Children on transfer or at court do not miss out on meals.<br>• Catering arrangements and menus take into account the need to promote healthy eating.<br>• Advice from dieticians or nutritionists is regularly sought to update the menu.<br>• Children have access to drinking water (including at night) and the means of making a hot drink after lights out/lockup.<br>• Children have access to healthy snacks between main meals.<br>• Children are consulted about the menu and can make comments about the food.<br>• Children are given the opportunity to cater for themselves.<br>• Pregnant young women and nursing mothers receive appropriate extra food supplies. |
| **1.4 Food safety and cultural considerations:**<br><br>Children's food and meals are stored, prepared, and served in line with religious, cultural, dietary requirements and food safety and hygiene regulations. | • All areas where food is stored, prepared, or served follow documented policies and procedures designed to meet relevant food, hygiene, and safety regulations (Food Standards Australia and New Zealand guidelines).<br>• All areas where food is stored, prepared, or served are properly equipped and managed.<br>• Religious, cultural, or other special dietary requirements relating to food preparation and storage are observed and communicated to children.<br>• Children have the right to vegetarian or vegan meals.<br>• Children and staff who work with food are trained and wear proper clothing and PPE. |

| | |
|---|---|
| | • Children can gain relevant qualifications/accreditation.<br>• Staff supervise the serving of food at mealtimes. |
| **1.5 Clothing:**<br><br>Children have access to clean, suitable clothing. | • Children can wear their own clothes.<br>• Children have regular access to laundry facilities to wash and iron their clothing **(at least weekly).**<br>• Children are provided with enough clean underwear and socks to change them daily.<br>• Children are issued with enough warm, weatherproof clothing and footwear to go out in all weather.<br>• Establishment issue clothing is suitable, fits, clean and in good condition. |
| **1.6 Hygiene:**<br><br>Children are encouraged, enabled, and expected to keep themselves, their bedrooms, and communal areas clean. | • Children have free access to basic personal hygiene items.<br>• Children can shower or bath daily, following physical exercise or work, before court appearances and before visits.<br>• Freshly laundered bedding and towels are provided for each new child on arrival and then on at **least a weekly basis**. Replacement bedding in the event of accidents is provided discreetly and sensitively.<br>• A system for the replacement of mattresses is in operation.<br>• Children have access to sufficient cleaning products to keep their bedrooms and communal areas clean. |
| **1.7 Property:**<br><br>Children's property held in storage is secure, and they can access their stored property on request. | • A standard well publicised list details the possessions that children can keep (which should be adequate to meet the needs of children).<br>• Items children are allowed to keep in their possession and in storage considers individual needs.<br>• Children can receive mail and parcels.<br>• Unauthorised articles are recorded, held in secure storage, and returned to the child on release. |

| | |
|---|---|
| | • Children's property is 'security' marked before it is issued, and its issue recorded.<br>• Children can access their stored property by application and on release.<br>• Children are compensated for clothing and possessions lost or damaged in storage.<br>• Razors and nail clippers should be allowed with adequate supervision and taking into account individual risk factors. |

**Human rights standards:**

Human rights standards require that children be housed in accommodation that respects their human dignity and privacy. (CRC 3(3), 20, 27(1), 37; HR 12, 31, 32, 33, 34, 36, 66, 87; AJJA ss. 9.1, 9.2)

Accommodation should be clean, adequately ventilated and lit (by both natural and artificial light) and provide sufficient living space. Children should be provided with adequate bedding and with materials to keep their cells clean, and instructions in how to use them. Children should have daily access to showers. (CRC 27, 37(c); ERJO 53, 63, 65, 66; HR 31–34; CPT 104–105; EPR 18, 19, 21; SMR 12–21). Places of detention must have an alarm system that allows children to contact staff without delay and there must be sufficient unobtrusive supervision by staff during the night to ensure children are kept safe. (ERJO 64; HR 33; EPR 18.2; SMR 12). Children should be allowed to wear their own clothing. Suitable clothing must be provided to those children who do not have their own. (ERJO 66; HR 36; CPT 106; EPR 20; SMR 19–20). In addition, standards recognise that children should be able to keep property in their possession and require that property should be kept safely when not in their possession. (ERJO 62.2; HR 35; EPR 31; SMR 67). Poor living conditions, in and of themselves, can and have been found to violate ICCPR 10 and ECHR 3. A lack of resources does not justify detention conditions that infringe a detainee's human rights. (ERJO 19; EPR 4).

Human rights standards require that children be provided with nutritious food that takes into account their personal needs (such as religion, age, health, and culture) and that they are given the opportunity to cater for themselves. Children should also be able to purchase goods for themselves. (ERJO 68; HR 37, 62; EPR 22, 31.5; SMR 22).

Article 37 (c) of the CRC states that: Every child deprived of liberty shall be treated with humanity and respect for the inherent dignity of the human person, and in a manner which takes into account the needs of persons of his or her age. In particular, every child deprived of liberty shall be separated from adults unless it is considered in the child's best interest not to do so and shall have the right to maintain contact with his or her family through correspondence and visits, save in exceptional circumstances.

Principle 8 of the National Principles for Child Safe Organisations states that: Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

## Topic 2: Procedural safeguards, voice and participation

*(including access and contact with a lawyer, complaints processes, record-keeping)*

| Expectations | Indicators |
|---|---|
| **2.1 Appropriate authority to detain children:**<br><br>Children can only be held in detention under an appropriate authority and should be released at the earliest appropriate opportunity in accordance with legislation. | • The admission process includes checking all arrivals have an appropriate authority for detention and that the correct person is in detention.<br>• Any detention or secure care documentation required for court is provided in a timely manner.<br>• Involvement from **the Department for Education, Children and Young People Tasmania (Child Safety Service)** is sought at the earliest opportunity for all young people without existing care arrangements in the community to ensure arrangements are made, prior to the young person's release, for appropriate and safe accommodation and support. |
| **2.2 Informal requests:**<br><br>Staff and children are encouraged to resolve requests informally. | • Staff and children are encouraged to resolve requests informally, before making a formal, written application, or a complaint.<br>• Children know how to make informal requests, written applications, and can do so confidentially.<br>• Staff help children to make applications, on request.<br>• Children do not have to make repeated applications for services they access or receive on a regular basis.<br>• Children receive timely responses to their applications which are respectful, easy to understand and address the issues raised.<br>• Children offered an informal resolution to their complaint are not deterred from making a formal complaint.<br>• There are quality assurance arrangements in place to assess the effectiveness of informal requests, applications, and complaints. |

| | |
|---|---|
| **2.3 Accessible complaints systems:**<br><br>Children understand and have confidence in complaints procedures. | • Information about complaints, including how to access advocates, is reinforced through notices and posters displayed prominently across the establishment in a range of child friendly formats and languages.<br>• Children can access and submit complaint forms easily, in confidence and without fear of punishment or recrimination.<br>• All complaints are dealt with fairly and promptly.<br>• Children can be heard in person at all stages of the complaint process if they choose.<br>• Children are encouraged to state what they would like the outcome of their complaint to be and, if that outcome is not possible, staff explain why.<br>• Children can ask for help in completing their complaint and in assembling relevant documentation.<br>• Children can ask their legal advisor or family member/carer to make a complaint on their behalf.<br>• Children receive responses to their complaints that are respectful, easy to understand, and address the issues raised.<br>• Children are consulted regularly about the internal complaints system to monitor and maintain confidence in the system.<br>• Complaints against staff are reviewed by trained staff for child protection implications.<br>• Children and visitors who make a complaint are protected from recrimination.<br>• There is a quality assurance system in place to assess and improve the effectiveness of the complaints process. |

| | |
|---|---|
| **2.4 Appeals, external complaints mechanisms and advice:**<br><br>Children feel safe from repercussions when using complaints procedures and are aware of appeal procedures. | • Children know how to internally appeal against decisions and are helped to do so.<br>• Appeals are dealt with fairly and responded to promptly.<br>• Children know about and know how to access external complaints mechanisms, including the Ombudsman, Health Complaints Commissioner, and the Anti-Discrimination Commissioner. Information about these is displayed prominently in child friendly formats, which clearly identifies that access is free and confidential.<br>• Children can readily access legal advice and are referred to specialist practitioners.<br>• Children have access to independent advocacy services. Children can receive help to pursue complaints from outside the facility if they need it. **This includes form advocates such as the Child Advocate, and the Commissioner for Children and Young People Tasmania.** |
| **2.5 Legal rights:**<br><br>Children are informed of their legal rights and are supported to understand and exercise those rights. | • Children are informed of their legal rights verbally, in writing, or by video, in ways they understand.<br>• Information about legal rights and how to access legal advisors/advocates, is reinforced through notices and posters displayed prominently across the establishment in a range of child friendly formats and languages.<br>• Parents/carers are informed of children's legal rights.<br>• Staff are proactive in enabling children to pursue their legal rights.<br>• Children can easily and confidentially communicate with their legal advisors/advocates.<br>• Letters and other communications from legal advisors to children remain confidential and are not opened by staff.<br>• Children requiring help with reading or writing legal correspondence are offered help. |

| | |
|---|---|
| | • Children can receive help in contacting legal advisors or making applications to the courts.<br>• Children who choose to represent themselves in court can access help to do this (for e.g., have access to a computer and printer to type court correspondence and documents).<br>• Private and confidential legal visits are supported and accommodated in suitable spaces.<br>• Secure facilities are provided to allow children to keep documents relating to their legal proceedings. Children may request that legal documents are held securely and confidentially on their behalf. |
| **2.6 Information about a child's deprivation of liberty:**<br><br>Children are informed about and understand the context of time in secure care, their sentence or remand in custody. | • Children are provided with accessible verbal and written information about their time in secure care, their sentence or remand in custody.<br>• Children are informed about relevant child protection proceedings and how to access advice in relation to their parental rights and children's welfare, where applicable. |
| **2.7 Promotion of children's rights:**<br><br>Children's rights are promoted by staff, and children are informed about and understand their rights. | • Children are informed of their rights, on arrival and at regular points in accessible child friendly ways.<br>• The organisation has a charter of rights for children which is prominently displayed and regularly reinforced.<br>• Staff are educated about, understand, respect, and uphold children's rights. |

| | |
|---|---|
| **2.8 Participation in decision making:**<br><br>Processes are in place to encourage the participation of children in decisions that affect them, children have access to accessible information, understand their rights and how to raise concerns. | • Children are given safe and inclusive opportunities to have their voice heard and inform decision-making.<br>• Children are regularly consulted and given the opportunity to present their views, ideas, any areas of grievance or dissatisfaction directly to managers.<br>• Children are provided feedback explaining the reasons for decisions and how their views were considered.<br>• Consultation methods are co-created by children and staff.<br>• Children can raise issues or concerns for discussion.<br>• Children can challenge decisions and are confident that their views are taken seriously.<br>• Children can challenge information contained in their records.<br>• The selection of children to take part in formal consultation events/mechanisms or to represent others is fair and transparent.<br>• Leaders and managers show and encourage innovation and creativity to solve problems and meet the needs of children.<br>• Children take an active role in influencing decisions about services, routines, and facilities and in managing their own day-to-day life.<br>• There is evidence of change in policy and practice arising from the views and experiences of children. |

| | |
|---|---|
| **2.9 Privacy and confidentiality:**<br><br>Information regarding individuals must be kept private and confidential, with monitored and documented processes in place for appropriate information sharing between staff and agencies directly involved with the young person's care and management. | • Information is managed and stored with respect for confidentiality and security.<br>• Protocols and procedures are in place to facilitate appropriate information sharing between agencies directly involved in managing individual children.<br>• Procedures are in place to ensure the protection of children from exposure to the media (especially during court transports and external activities).<br>• Appropriate checks are made on visitors or telephone callers to reasonably ensure they are genuine and appropriate to talk to or visit children or be given any information about specific children.<br>• Documents gained while a child is detained intended for use in the wider community do not indicate the child was in detention or secure care (for example, school certificates, work references, identification, medical referrals), unless directly relevant or required. |
| **2.10 Accountable record keeping:**<br><br>There should be robust and accountable recording and reporting systems for major aspects of the facility's activities. | • Children's records are current, confidential, and accessible to relevant staff.<br>• Documented operational procedures follow clear policy frameworks, reflect relevant legislation, and are regularly reviewed. All staff have easy access to policies and procedures.<br>• Investigations of issues, incidents and allegations are undertaken expediently by appropriately trained persons, and accurately documented.<br>• There is regular internal and external risk-based auditing of all areas of operations.<br>• Facilities have quality assurance systems used to monitor, measure, and improve performance, and external reporting arrangements are in place which are consistently followed. |

**Human rights standards:**

Human rights standards set out that children can only be detained under appropriate authority in accordance with the law. (BR 4.1, 28.1, 28.2; CRC 3(1), 3(2), 37(b), 40(4); HR 17, 20; YJA ss. 109(1) (2), 126).

The ability to make requests or complaints without repercussions and the requirement that these receive a prompt response is clearly set out in human rights standards, as is the ability to make complaints to external bodies and to access confidential legal advice. (CRC 3, 12, 13, 37(d) 40(2)(b); YJA ss. 4(d), 127, 128, 129(1)(b); ACCG Charter; ERJO 50.3, 105, 120–124; HR 18, 24, 25, 60, 75–78; CPT 130–131; SMR 56, 57, 61; EPR 23, 70; BOP 17, 18, 33; BRPL 1, 5, 6, 8; HR 24-25, 75-78).

The Royal Commission into Institutional Responses to Child Sexual Abuse found that children's inability to be heard and be taken seriously directly heightened the risk of abuse. Article 12 of the CRC states that:

1.States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 42 of the CRC states that children have the right to know their rights and that adults should know about these rights and help children learn about them.

Principle 2 of the National Principles for Child Safe Organisations states that: Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously. Principle 6 of the National Principles for Child Safe Organisations states that: Processes to respond to complaints and concerns are child focused.

Human rights standards set out that information regarding individuals must be treated as confidential and that record keeping practices reflects this. Facilities where children are detained or kept securely should keep accurate and comprehensive records. (HR 21, 23, 19, 40, 87; BR 8.1, 8.2, 30.0 CRC 16; YJA s. 22).

## Topic 3: Healthcare

*(including physical and mental healthcare, specific groups)*

| Expectations | Indicators |
|---|---|
| **3.1 Clinical governance and partnership:**<br><br>Children are cared for by services that accurately assess and meet their health, social care and substance use needs and which promote continuity of health and social care on release. | • Effective partnerships are in place between secure mental health/custodial/residential services and health providers to ensure health, social care and substance use services meet the assessed needs of children in a timely way.<br>• Health, substance use, and social care provision meet required regulatory standards.<br>• Health staff are easily recognisable, known to children and available at any time.<br>• Staff are well trained and supported, including regular clinical and managerial supervision.<br>• Every child has a single clinical record developed in line with current record-keeping standards.<br>• Children receive information about the health record system and (if over 14 years) can determine if a condition or treatment is uploaded to their electronic record.<br>• Information is shared (within the bounds of medical confidentiality) to promote continuity of care and child safety. |
| **3.2 Treatment:**<br><br>Children receive treatment, sensitive to their needs, from competent staff in environments that promotes dignity and maintain privacy. | • Children have equal access to health, wellbeing, and social care services, regardless of location, environment, disability, sentence, or remand status, cultural or language barriers.<br>• Child patients are treated with dignity and respect.<br>• There are sufficient rooms and clinical spaces to provide a full range of health services.<br>• Robust infection prevention and control measures are in place.<br>• Child patients are seen in private, except in exceptional circumstances. |

| | |
|---|---|
| | • Competent health staff respond promptly to medical emergencies with appropriate emergency equipment.<br>• Clinical equipment is appropriately maintained and serviced.<br>• Arrangements are in place to gain and review children's consent, with consideration of their capacity to understand.<br>• Children are helped to exercise their ability to consent, by making reasonable adjustments, including to overcome language barriers, and allowing them to be supported by a third party.<br>• If competence to provide informed consent is absent, arrangements are made to obtain consent from parents/carers. If this is not possible, policy exists to govern health care decision making that incorporates relevant legal requirements and decisions are documented.<br>• Child patients are kept safe, relevant safeguards exist to prevent abuse, and have access to independent advocacy if needed.<br>• Child patients can make complaints about their treatment in confidence, without recrimination. Responses are timely, easy to understand and address issues raised. |
| **3.3 Health Promotion:**<br><br>Children are supported and encouraged to optimise their health and well-being. | • Health and wellbeing promotion is embedded as part of facility wide messaging.<br>• Information about available health services and health campaigns is accessible and made available in a range of formats and languages.<br>• Children can easily access age-appropriate health checks, disease prevention and screening programs.<br>• Children can access sexual health services and advice and are provided with barrier protection.<br>• Children can access community-equivalent smoking/vaping cessation support. |

| | |
|---|---|
| **3.4 Initial Assessment:**<br><br>Children's immediate health, substance use, and social care needs are identified on reception/admission and responded to promptly and effectively. | • An initial medical and psychological assessment of each child brought into a custodial setting must be conducted **within 48 hours of their admission by health services staff** of their gender. They may have a support person if desired.<br>• The need for referrals to appropriate health services such as medical, drug and alcohol or mental health are made during the initial assessment.<br>• The initial health care assessment identifies any special needs of the child and is shared with their caseworker.<br>• Children are examined by a doctor of the same gender.<br>• Every child has access to remedial and preventative medical care and pharmaceutical products and special diets as indicated on their medical record.<br>• Medical care and medicine are only administered when necessary and with the consent of the child or their carer/guardian. In the absence of a parent/guardian, the facility maintains a clearly documented processes for ensuring lawful authorisation for children's medical assessment and treatment, which is followed.<br>• Relevant risk and care planning information is shared between facility and health staff on reception and throughout the child's detention/time in secure care.<br>• With consent, the child's community clinical records are obtained promptly.<br>• Children receive timely secondary health assessments from health and substance misuse professionals. |

| | |
|---|---|
| **3.5 Access to primary care services:**<br><br>Children's individual, ongoing health care needs are addressed through an appropriate range of care services.<br><br>Continuity of care is maintained on transfer or release (including on remand). | • There is an effective and accessible health appointments system in place.<br>• Children can access all necessary primary care services, including out-of-hours GP services.<br>• Children have access to a health professional of their gender and a support person if desired.<br>• Children with long-term conditions and complex health needs receive appropriate coordinated care.<br>• Recorded care plans demonstrate child patient involvement and support continuity of care, including timely joint work with relevant internal and external agencies and services.<br>• Health services staff provide services in bedrooms when required.<br>• Health staff complete a restraint handling plan for all children with a medical condition who may be adversely affected by restraint. Staff are aware of the content of restraint handling plans and use this information during restraint.<br>• Children receive secondary care services within community-equivalent waiting times.<br>• Security measures on hospital escorts are proportionate and based on individual risk assessments.<br>• Children receive relevant pre-release health assessments and interventions and are supported to register with local community health services.<br>• Babies and infants residing with their mothers in custodial settings receive standard paediatric care and health checks as would be available in the community.<br>• Pregnant and nursing mothers receive specialist health care and advice and assistance preparing for a child's birth and with parenting. |

| | |
|---|---|
| **3.6 Mental health:**<br><br>Children with mental health problems are identified promptly and supported by community-equivalent services to optimise their mental wellbeing during their detention or placement in secure care and on transfer or release. | • Children's immediate mental health needs are assessed during their reception health screening and appropriate onward referrals are made.<br>• Staff receive training to enable them to recognise when a child requires referral for mental health assessment and can affect referral pathways.<br>• Referrals are reviewed promptly, and appointments allocated on clinical need and risk.<br>• Competent practitioners deliver a community-equivalent range of evidence-based interventions and support for mental health problems.<br>• Prescribing reviews and related physical health checks occur regularly.<br>• Children are assessed using standardised checks and additional information is obtained from other sources as required.<br>• Children have written care plans which are regularly reviewed with mental health practitioners. Parents and carers are involved if the child requests this.<br>• Liaison and joint work occur with other relevant agencies and health providers.<br>• Children with chronic mental illnesses are supported by specialist child and adolescent mental health services.<br>• Children who require assessment or treatment under the relevant mental health legislation are assessed and transferred promptly. Children understand why they are being transferred and are given relevant information.<br>• Effective discharge planning and liaison with other agencies such as police and community mental health services occurs to ensure continuity of care following release. |

| | |
|---|---|
| **3.7 24-hour inpatient care:**<br><br>Children requiring 24-hour care are supported by a program, facilities and health care staff to meet their individual needs. | • Admission and discharge are based on agreed clinical criteria.<br>• Children receive a comprehensive assessment of their care needs and, wherever possible, are involved in developing their own care plans.<br>• Children have decent living conditions, therapeutic programs, and activities to encourage recovery.<br>• Appropriate arrangements are made for children to continue their education, wherever possible.<br>• Children's ongoing care needs are met following discharge from the inpatient unit.<br>• Arrangements are made for the early release or transfer to a hospital or hospice of children who are dying or who have life-limiting conditions. |
| **3.8 Substance misuse:**<br><br>A coordinated and strategic approach to drugs and alcohol ensures supply and demand reduction and that treatment is integrated, effective and meets children's individual needs. | • Joint arrangements are in place between custodial or secure care agencies, treatment providers and other relevant stakeholders to deliver a holistic coordinated drug and alcohol strategy.<br>• Sufficient competent staff provide effective, evidence-based psychosocial and clinical services which meet the needs of children.<br>• Psychosocial and clinical substance use treatment services are well integrated with each other, the facility and other health services; and do not clash with education or training schedules.<br>• All new arrivals receive prompt assessment of their substance use and specialist clinical support, prescribing and monitoring in line with Tasmanian and Australian standards.<br>• All new arrivals receive relevant harm reduction information. All children receive harm reduction advice prior to release. |

| | |
|---|---|
| **3.9 Medical and pharmaceutical interventions:**<br><br>Children receive community-equivalent, patient-centred medicines optimisation and pharmacy services. | • Children's medication histories, including allergies, are recorded during the initial reception screening and a full medicines reconciliation is completed **within 72 hours of admission.**<br>• Any disruption in prescribing regimens is minimised and urgent/critical medicines can be accessed promptly.<br>• Children can easily access clinical pharmacy services and advice.<br>• All medicines are handled, transported, and stored legally, safely and securely with effective pharmaceutical stock management and use.<br>• Robust governance processes are in place to ensure safe and effective medicines management, including monitoring of medication incidents and prescribing trends.<br>• Children's medicines are prescribed safely in line with evidence-based practice, reviewed regularly and administered at clinically appropriate times.<br>• Children's adherence to medication is closely monitored and reviewed.<br>• Children are supported to take responsibility for their own medication and to engage effectively in required prescribing reviews. Subject to regular review and risk assessment, child patients can store their medicines securely and self-administer.<br>• Medicines are administered from a secure and respectful environment.<br>• Children going to court or being released or transferred receive adequate supplies of medication to meet their needs. |

| | |
|---|---|
| **3.10 Dental services and oral health:**<br><br>Children have timely access to dental checks, oral health promotion and any necessary treatment, including orthodontic treatment. | • Emergency dental treatment is well organised, responsive, and effective.<br>• Children have regular and timely access to dental checks and treatment.<br>• Children have prompt access to required medicines following dental interventions.<br>• Dental care meets contemporary professional standards. |

**Human rights standards:**

Every child has the right to the enjoyment of the highest attainable standard of physical and mental health (CRC 3(3), 24; ICESCR 12). Human rights standards require that children be provided with the same standard of health care as available in the community and that places of where children are deprived of their liberty should safeguard and improve the health of those in their care. (ERJO 28, 69–75; HR 28, 49–52, 55; SMR 24, 25; EPR 39, 40).

It is important that the impact of detention or deprivation of liberty on children is monitored. (ERJO 70; HR 52). Human rights standards emphasise the role of health care staff in evaluating, promoting, protecting, and improving the physical and mental health of children, paying particular attention to those with special health care needs. There should be an interdisciplinary team with full clinical independence. There must be prompt access to medical care in urgent cases and referral to external care when needed. (ERJO 69, 73, 74, 102.1; HR 49, 51, 81, 84; SMR 25–27, 31; EPR 40–42, 46).

Activities and interventions should promote children's physical and mental health and children should be provided with health information. (ERJO 50.1, 71; HR 1, 12, 37,47; ACCG Charter).

Human rights standards require children's health care needs to be assessed on arrival, including identifying all health care needs, the risk of self-harm and any previous ill-treatment. (See ERJO 62.2, 62.5; HR 21, 31, 50; EPR 40; SMR 30). Standards require health needs to be monitored and met throughout detention. (HR 49, 51, 52; EPR 39–43, 46, 87(d); SMR 24, 27, 31–34).

Human rights standards require places of detention to monitor and meet children's mental health needs and to ensure referrals are made to external care when needed. (ERJO 70.2; HR 49, 51, 81, 85; EPR 39–43, 46, 47.2; SMR 24–27, 31–34; CRC 23; BR 26.2; HR 51; DGJJFANZ 5.203 – 5.213; ACCG Charter)

Human rights standards provide that initial health assessments should include an assessment of symptoms of withdrawal resulting from the use of drugs, alcohol, or medication, and note the need for continuity of care for drug dependence. (ERJO 62.2, 62.5, 72; HR 54; SMR 24.2, 30; EPR 42.3).

Human rights standards require children to have access to dental services. (HR 49; SMR 25.2; EPR 41.5).

Article 24 (1) of the CRC states that: States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the

treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

## Topic 4: Contact with the outside world

*(including visits, correspondence, phones, internet)*

| Expectations | Indicators |
|---|---|
| **4.1 Children, families and contact with the outside world:**<br><br>Children are supported to establish and maintain contact with families and other sources of support in the community. | • The makeup of children's family, kin, and friend networks, distance from home, expected frequency of visits and/or contact arrangements, and dependents (where applicable) is established on arrival, monitored, and facilitated.<br>• Strategies are in place to help children maintain and enhance their full range of support networks.<br>• Children are helped with any difficulties relating to contact with family or kin.<br>• Children are entitled to make and receive various forms of communication including mail, telephone calls, video links and visits.<br>• The visits system is flexible and visitor-friendly and allows for relaxed communication.<br>• Family and or friends of are only refused access to visit for a valid reason, and any denial of access is explained clearly to the visitor and the child.<br>• Video link communication is made available to families who have difficulty visiting in-person. Opportunities are provided for families facing financial hardship to visit in-person.<br>• Tasmanian Aboriginal children can maintain connection to Country and community.<br>• Significant family members (or a significant other nominated by the child) are informed and involved in the child's management and case planning wherever possible.<br>• Families are routinely involved in processes and programs, including in relation to education, safeguarding, health care and planning for reintegration.<br>• Consular involvement is sought for any foreign nationals, and they receive assistance to maintain contact with family through the provision of |

| | |
|---|---|
| | overseas phone calls or the use of video link. Arrangements should be flexible enough to accommodate international time zones.<br>• Children who do not receive visits are identified and receive individual support and help to build and maintain relationships.<br>• Creative methods for encouraging family contact and opportunities for children to celebrate their successes and milestones with their family and friends are supported.<br>• Measures are in place to prevent contact that is not in the best interests of the child.<br>• Links and support services are available to parents and/or carers of children during custody or secure care and after release.<br>• Children are helped to fulfil any parental responsibilities, including those undergoing separation and/or child protection procedures.<br>• Children and their immediate family or partners are informed sensitively of significant news about each other **within 24-hours** (for example, medical emergency).<br>• Subject to risk assessment, children can visit sick relatives and attend funerals and sorry business.<br>• Children are not deprived of family contact as a punishment. |
| **4.2 Visits entitlement:**<br><br>Children can maintain access to the outside world through regular and easy access to visits. | • Children are informed of and understand their visits entitlements within **24-hours** of arrival.<br>• For children in custody, a visits booking system is in place that is accessible and able to manage the number of visitors.<br>• Children in secure health or residential facilities can receive visits at any time.<br>• Children in custody can receive a visit **at least three times a week.** Visits start and finish at the scheduled time. |

| | |
|---|---|
| | • Visiting times provide for those who wish to visit at weekends and in the evenings.<br>• Visits staff are aware of child protection issues and there is a robust system for vetting visitors.<br>• Children are provided with additional visits and/or phone calls if they have specific welfare needs.<br>• Children who are primary carers are provided with additional contact opportunities and can receive incoming calls from dependents.<br>• Relationship counselling for children and their family members is available before and after visits, and children have access to programs for improving parenting skills and maintaining positive relationships.<br>• Children are supported to maintain contact with family members who may be detained.<br>• Children are not deprived of their entitlement to visits as a punishment. |
| **4.3 The visits environment:**<br><br>The visits environment is a clean, respectful, and safe environment and meets the needs of children and their visitors. Visitors are made aware in advance of routines and available support services. | • All relevant procedures for children and visitors are carried out efficiently before and after visits.<br>• The searching of children, visitors and their property is conducted in accordance with clear procedures.<br>• Visitors understand why they are being searched and how the search will be conducted.<br>• Visitors are given information about how to get to the establishment, the visiting hours, details about what to expect when they arrive and information on making complaints.<br>• Arrangements are made to help visitors to get to and from the establishment if local transport difficulties exist.<br>• Children and visitors can give staff feedback on the visiting arrangements, suggest improvements, and make complaints. |

| | |
|---|---|
| | • Visiting areas are managed by friendly, helpful staff.<br>• Visitor parking and facilities are easily accessible.<br>• Children and visitors have access to toilet facilities at all times.<br>• Visits areas are staffed, furnished, and arranged to be welcoming and to ensure easy contact between children and their families or friends, including outdoor areas. Security arrangements in visits do not unnecessarily encroach on privacy.<br>• Visiting children are safe and can enjoy visits in a child friendly environment that is sensitive to their needs and includes access to toys, and appropriate play equipment.<br>• Visitors can access a range of refreshments during visits. |
| **4.4 Access to a range of communication channels:**<br><br>Children can maintain contact with the outside world through regular and easy access to mail, telephones, and other communications. | • Children in custody can make a free phone call on their first night and **can make at least seven free phone calls to family per week.**<br>• There are no communications restrictions for children in secure health or residential care environments.<br>• No restrictions are placed on the number of letters that can be sent or received.<br>• Outgoing mail is posted within 24-hours and incoming mail is received by children within 24-hours of arrival.<br>• Children's mail is only opened to check for unauthorised enclosures or to carry out legitimate censorship.<br>• Legally privileged correspondence is not opened by staff.<br>• Telephones can be used in private, ideally in children's rooms, and there are sufficient telephones to facilitate daily use. |

| | |
|---|---|
| | • Calls are charged at rates similar to those in the community. Children without telephone credit are provided with phone calls free of charge.<br>• Unused visits can be exchanged for phone credit.<br>• There is a notice next to all telephones advising children that their calls may be monitored.<br>• Children can easily find the telephone numbers of outside organisations and know which numbers they are permitted to call.<br>• Children can communicate with family, friends and community agencies using the internet (including email and voice calls) free of charge. |
| **Access to media and other material:** | • Children can access daily news every day if they wish to and can purchase approved magazines.<br>• A wide range of hobby and craft materials is available, and children can purchase approved materials from external sources.<br>• Children can access the internet for news and information on request.<br>• Computer and internet access is appropriately supervised and screened. |

**Human rights standards:**

Human rights standards place strong emphasis on children's ability to maintain and improve relationships with family and friends through visits and other means. Visits should be in as normal an environment as possible, and there are clear standards on searching visitors and monitoring visits as well as authorising children to leave detention for funerals or other humanitarian reasons. Staff should assist and support children to maintain contact with the outside world. (See CRC 3, 5, 8, 9(3), 16, 18; ERJO 53.2, 55, 83–86, 89, 102.1; HR 22, 59–62, 67, 78, 79, 87I; CPT 122–125; ECHR 8; SMR 58.1, 59, 63, 106, 107; EPR 24; BOP 19, 20; RCIADIC 168, 169 170, 171; ACCG Charter).

Article 17 of the CRC sets out that Children have the right to get information that is important to their wellbeing from radio, newspapers, books, computers, and other sources. Adults should make sure that the information children get is not harmful and help them find and understand the information they need.

Article 5 of the CRC states: States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention. Article 8 of the CRC states: States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference. Article 9 (3) of the CRC states: States Parties shall respect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it Is contrary to the child's best interests.

Principle 3 of the National Principles for Child Safe Organisations states that: Families and communities are informed and involved in promoting child safety and wellbeing.

## Topic 5: Equity, diversity and non-discrimination

*(including faith and religion, Aboriginal people, LGBTIQ+ detainees, foreign nationals, children from culturally and diverse backgrounds, people with disabilities or neurodiverse conditions, other groups)*

| Expectations | Indicators |
|---|---|
| **5.1 Equity is upheld, and diverse needs respected:**<br><br>Staff and children understand the agency's commitment to equity, diversity, and non-discrimination. | • Children feel comfortable, and services are provided in culturally safe and inclusive ways.<br>• The Manager/Director leads by example in promoting equality and diversity.<br>• Policies and activities reflect the diverse needs of the children.<br>• A named person of appropriate seniority has overall responsibility for equality and diversity.<br>• Equity and diversity issues and outcomes are monitored regularly by a committee involving managers, staff, and peer workers.<br>• Awareness of equity and diversity is promoted through educational and celebratory events.<br>• The setting has clear systems in place known and used by all staff, to identify and take appropriate action to minimise and prevent all forms of discrimination or disadvantage.<br>• Staff are trained and supported to identify and eliminate discrimination. Staff receive appropriate training and have access to professional development opportunities.<br>• Effective and regular monitoring is in place, covering all diverse needs, to ensure equity of treatment and access to services, for example, allocation to activities, health care, complaints, use of force and rewards and sanctions.<br>• Results of equity monitoring are communicated in an easy-to-understand format to staff and children and appropriate action is taken when necessary.<br>• Incident reporting systems are developed to facilitate the reporting of all types of discrimination. |

| | |
|---|---|
| | • Data on discriminatory incidents and allegations is routinely analysed for patterns.<br>• Potential adverse outcomes are investigated thoroughly. Remedial action is promptly taken and evaluated.<br>• Children and their immediate family or partners are informed sensitively of significant news about each other **within 24-hours** (for example, medical emergency).<br>• Subject to risk assessment, children can visit sick relatives and attend funerals and sorry business.<br>• Children are not deprived of family contact as a punishment. |
| **5.2 Strategic Management:**<br><br>Managers demonstrate leadership in delivering a coordinated approach to embedding equality considerations, eliminating all forms of discrimination and promoting inclusion and respect for diversity. | • A local policy is in place outlining how the needs of all groups will be identified and addressed.<br>• The Manager/Director leads by example in promoting equality and diversity.<br>• Staff with specific equality responsibilities are given time and support to fulfil their role and have clear job descriptions and objectives.<br>• There is regular and effective input by external community representatives, providing advice at a strategic level and support to children.<br>• Awareness of equality and diversity is promoted by educational and celebratory events. |
| **5.3 Fair Processes:**<br><br>Processes ensure that no child or group is unfairly disadvantaged. | • The agency has clear systems in place, which are known and used by staff, to identify and take appropriate action to minimise and prevent all forms of discrimination or disadvantage.<br>• Children are informed of their rights in a way that they understand.<br>• Children can contact the Anti-Discrimination Commissioner confidentially and make a complaint. |

| | |
|---|---|
| | • There are effective interventions in place for both the child or adult being discriminated against and the perpetrator of discrimination.<br>• Assessments on arrival establish individual needs, including covering all protected characteristics. Any child who requires a personal care plan is identified quickly and an individualised plan is put in place. |
| **5.4 Non-discrimination:**<br><br>Discriminatory behaviour is challenged robustly and consistently. | • Children have access to information in a format and language they can easily understand, such as DVD, easy read, or Braille.<br>• All forms of discriminatory language and conduct are challenged.<br>• Children and staff know what behaviours and language are acceptable.<br>• Children, staff, and visitors know how to report discrimination, are supported to do so and are safe from repercussions.<br>• Responses to discrimination complaints are timely and are based on a thorough investigation.<br>• Discriminatory allegations and incidents are investigated thoroughly.<br>• There are effective interventions to support children experiencing discrimination and to challenge and educate perpetrators.<br>• Children who have been involved in hate crime or incidents are supported to understand the harm caused and to change their behaviour.<br>• Staff promote and model inclusion in all aspects of their work and show an awareness of equality, anticipating and addressing the needs of children.<br>• Staff are aware of children who may require extra support in the event of an emergency. Personal emergency evacuation plans are used.<br>• Staff are aware of children who need help to complete everyday activities. |

| | |
|---|---|
| | • Staff make reasonable adjustments to ensure that all children can participate in education and activities which meet their needs.<br>• External support groups and networks are promoted, and children are helped to contact them.<br>• Rehabilitation and release planning work takes account of the specific needs of children. |
| **5.5 Children's involvement in non-discrimination:**<br><br>Children are given opportunities to play an active role in eliminating discrimination and are regularly consulted to strengthen and support the elimination of discrimination. | • Children are encouraged to become **equality representatives**, represent the views of their peers, and meet regularly, both with managers, staff, and children.<br>• Equality representatives contribute their views to monitoring.<br>• Through regular consultation meetings and surveys, children can raise issues on any aspect of equality. Consultation methods are co-created by children and staff.<br>• Equality representatives are supervised and supported.<br>• Children have access to staff and outside agencies on a regular basis to answer queries and seek advice about equality and diversity issues. |

| | |
|---|---|
| **5.6 Treatment of remandees:**<br><br>The unsentenced status of remanded children should be respected in the way they are treated while in detention.<br><br>Remandees must have no less access to services, activities, and amenities as sentenced children, and be able to access additional services required in line with their remand status. | • Wherever possible, children on remand are housed in domestic style, normalised accommodation to maintain their status as innocent until proven guilty.<br>• Unless it would cause disadvantage or distress, remanded children are kept separated from sentenced young people.<br>• Remandees are encouraged to access programs that may be beneficial for them.<br>• Remandees attend education classes.<br>• Remandees have unlimited access to legal advisers and are kept aware of all relevant information regarding their court case.<br>• Remanded children are able to access assistance with accommodation and support for re-entry into the community in the same way as sentenced children and at a level appropriate to their needs.<br>• Efforts are made to maintain functional connections to the community for remandees, including additional visits and phone calls and continuation of study activities where possible.<br>• Remandees' case management system is the same as that of sentenced children. |
| **5.7 Foreign nationals, refugees and asylum-seeking children in custody:**<br><br>Children who are foreign nationals, refugees or seeking asylum are treated equitably and according to their individual needs. | • Children are provided with information about their immigration status and immigration procedures in different languages and formats and helped to understand them.<br>• Regular liaison takes place with immigration authorities and children are informed as early as possible in their sentence whether they are being considered for removal or deportation.<br>• Children at risk of deportation are offered appropriate support when visited by immigration officials.<br>• Staff understand the potential impact of deportation decisions on a child's mental health and provide appropriate support. |

| | |
|---|---|
| | • Children understand and receive their entitlements and can participate fully in the activities and services of the establishment regardless of their status.<br>• Staff are aware of the distinct needs and cultural preferences of foreign national children.<br>• Children have access to accredited, independent immigration advice and support agencies, including confidential translation and interpreting services, specialising in children's issues.<br>• Deportation matters are concluded before the end of the custodial sentence. |
| **5.8 Needs of specific cultural groups:**<br><br>The specific needs of children from diverse cultural groups are identified and met. | • Children's cultural identity and connections are respected and facilitated.<br>• All staff have completed cultural awareness training and have regular access to related professional development opportunities.<br>• Staff are aware of and respond appropriately to race and cultural issues.<br>• Special measures are in place to recruit Aboriginal and Torres Strait Islander staff, along with staff from other cultural groups reflected in the population of children. Tailored support structures are developed and implemented to support staff.<br>• The distinct needs of all Aboriginal and Torres Strait Islander children and children from culturally and linguistically diverse backgrounds are identified and addressed.<br>• Children from culturally and linguistically diverse backgrounds have access to appropriate cultural mentoring from within the community.<br>• Children from Aboriginal and Torres Strait Islander backgrounds are aware of their country, language groups and nation, and have regular access to cultural mentors and elders.<br>• Staff responsible for managing immigration liaison are fully trained. |

| | |
|---|---|
| | • Accurate records are kept of staff and children who speak languages other than English and children who may find communicating in English challenging. Interpreter services can be accessed to support children and their families.<br>• Aboriginal spirituality should be encouraged and strengthened through cultural programs, visits with Elders and other representatives of Aboriginal communities and through observance of customs, rites of passage and tribal traditions. |
| **5.9 Children with disability:**<br><br>The specific needs of children are met. Children with disability are identified, treated with respect, and afforded reasonable adjustments to ensure access to all programs and activities. | • Children with disabilities are identified on arrival, their needs assessed and provided a multidisciplinary care plan which is kept up to date and shared appropriately with all relevant staff.<br>• Children with special educational needs, including those with education, health, and care plans, are given appropriate support.<br>• All staff have access to relevant information about children in their care who have a disability.<br>• Children have access to information in a format and language they can easily understand.<br>• Children can access appropriate specialist support services and equipment to enable them to communicate, give consent, and understand regimes, rules and routines.<br>• Accredited interpreting services (for e.g. Auslan) are used wherever accuracy or confidentiality is critical.<br>• Reasonable adjustments are made to ensure that children with disabilities, including those with learning disabilities/difficulties, have access to the full suite of programs and facilities.<br>• Children who are unable to take part in normal timetabled activities are provided with appropriate alternate education and activities.<br>• Managers make appropriate representations for the transfer of children whose needs cannot be met. |

| | |
|---|---|
| **5.10 Trans and intersex children:**<br><br>Specific needs of children who are trans, intersex or have gender divergent identities are acknowledged and respected. | • Decisions about the location of a trans or intersex child are taken following a case conference and take account of the child's views.<br>• Children are located in a facility that can meet the needs of the gender with which they identify.<br>• All children have access to the items they use to maintain their gender appearance.<br>• Children are permitted to live permanently in the gender with which they identify.<br>• Children are referred to and addressed using terminology agreed with the child, including in relation to gender, names and pronouns.<br>• Children, including children who wish to begin gender reassignment are able to access appropriate, specialist medical and psychological support, equivalent to what they would receive in the community.<br>• All children are supported in relation to their gender identity and expression through specific internal support groups and schemes, and referral to external support networks. |
| **5.11 Sexual orientation:**<br><br>Specific needs of children of all sexual orientations are met. | • Staff training and development promotes equal respect for people of all sexual orientations and raises awareness of the discrimination faced by gay and bisexual children.<br>• Acceptance of all sexual orientations is promoted.<br>• Action is taken to identify and prevent homophobic language and behaviour and interventions for challenging homophobic/discriminatory bullying are in place.<br>• Children who are gay or bisexual are supported via specific support groups and schemes within the establishment and through referral to external support networks. |

| | |
|---|---|
| **5.12 Faith and religion:**<br><br>The specific needs of children of all religions are met. | • Children can fulfil their religious worship and other spiritual practice requirements.<br>• Staff are aware of religious diversity and the way this interacts with cultural and racial identities.<br>• Searches of staff, visitors, children, and their property are conducted in a manner that is sensitive to religion and culture.<br>• Children can learn about different faiths and are free to change or abandon their religion.<br>• Children can celebrate religious and cultural festivals, and these are actively promoted.<br>• Religious services are regularly held or made available to children to fulfil their requirements.<br>• Support from faith leaders can be organised for children who have experienced bereavement or loss.<br>• Children have easy and private access to representatives of their faith.<br>• Children know the timing of religious services; these times are appropriate to different religions.<br>• Activities are arranged so that children are able to attend religious services.<br>• Worship areas are equipped with facilities and resources for all faiths.<br>• Religious representatives demonstrate and promote understanding, acceptance of and respect for different religions.<br>• Children are able to attend faith classes and groups in addition to worship and private discussions.<br>• Children are able to obtain, keep and use artefacts that have religious or cultural significance, provided they do not pose a risk to safety or security.<br>• Monitoring of children's different religions is comprehensive, accurate and is reviewed regularly to shape service provision. |

| | |
|---|---|
| **5.13 Children in Care:**<br><br>The specific needs of children who are in the care of the state are managed appropriately so that they receive their full entitlements. | • A dedicated lead within the agency has responsibility for developing policies and procedures for children in care, and maintaining links with relevant authorities to ensure that the specific needs of these children are met, including following release.<br>• Procedures ensure that there are systems in place to identify children in out of home care on reception, inform their carers and responsible authority.<br>• Clear procedures are in place which set out how children in care are cared for and supported.<br>• The designated lead challenges failures by authorities to fulfil their statutory obligations for a child in care, by escalating concerns to the **Executive Director, Child Safety Services, Tasmania.** |
| **5.14 Parenting responsibilities:**<br><br>Special considerations should be made for children who are parents or have parenting responsibilities. | • Parents are enabled to fulfil their parental responsibilities and have positive relationships with their children.<br>• Flexible visiting arrangements, home leave, and suitable child friendly visit facilities are available to facilitate the meeting of parental responsibilities.<br>• Specific services are available for pregnant and new mothers, for example food and nutrition, and maternal health services.<br>• Developmentally appropriate relationship, sexual health and parenting skills programs are available to all children. |
| **5.15 Girls:**<br><br>The specific vulnerabilities of girls are recognised, and effective safeguards are applied that do not impede on their rights in comparison to boys. | • Girls are not housed with boys in custodial settings, and where this is not possible boys' and girls' sections are adequately separated.<br>• Male staff do not enter areas where girls are detained unless accompanied by a female staff member. Where male officers play a role in the administration or monitoring of areas where girls are detained, their roles are limited to functions |

| | |
|---|---|
| | which preserve the dignity and right to privacy of female detainees.<br>• Girls have equivalent access to work, education, sports, and recreational activities as boys. |
| **5.16 Children in adult settings**<br><br>The specific vulnerabilities of children in adult settings are recognised, and effective safeguards are applied to protect them from abuse. | • Children are not placed in adult settings unless absolutely necessary.<br>• Where children are placed in adult facilities there must be separate facilities for children – including distinct, child-centred staff, personnel, policies, and practices – to cater for the developmental needs of children.<br>• Children should have separate sleeping, toilet and washing facilities, and be able to safely walk about and undertake normal activities without encountering adult detainees.<br>• The only exception to the separation of children from adults is where it is not in the child's best interests. For example, the child's best interest may require greater priority for family contact than for separation which may lead to the child being detained with a parent or close to home, even if detention is in a facility shared with adults, or a child may require specialist medical intervention which is only available at an adult facility.<br>• Any child in an adult facility is treated in a way that is appropriate for a person of the child's age. |

**Human rights standards:**

Article 2 of the CRC states that all children have rights, no matter who they are, where they live, what their parents do, what language they speak, what their religion is, their sex or gender, what their culture is, whether they have disability, whether they are rich or poor.

Non-discrimination is a fundamental principle enshrined in human rights treaties and standards. Article 2 further states: States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members. (CRC 2; ICCPR 26; CERD 1, 2; CEDAW 1, 2; ICESCR 2.2; CAT 1; CRPD 5).

Human rights standards relating to places of detention expressly note that standards should be applied impartially and without discrimination and that particular mechanisms should be in place for detained women and girls, and where children are placed with adults. (HR 4, 28; ERJO 11; SMR 2; EPR 13; BOP 5; NMR 81,104,105; BR 4, 42, 58; CR 40).

In addition to the general non-discrimination provisions set out above, there are specific human rights standards relating to some protected characteristics, including the following.

- Children with disabilities: CRC 23; ERJO 107; HR 38; CRPD 2, 3, 5, 9, 14; SMR 5.2, 55.2, 109.2.
- Children from national, ethnic, cultural, religious or linguistic minorities: CRC 30; ERJO 106; HR 6, 38; DRM 2; EPR 38.
- Sexual orientation and gender identity: Yogyakarta Principles; Council of Europe Committee of Ministers, Recommendations on measures to combat discrimination on grounds of sexual orientation or gender identity.
- Foreign nationals: ERJO 104, 105; HR 6.

All children have the right to freedom of thought, conscience, and religion (CRC 14; ICCPR 18; ECHR 9). Human rights standards require that there be no discrimination on the grounds of religion or religious belief and that children belonging to religious minorities must be able to profess and practise their religion without any interference. (ERJO 87; HR 48; EPR 13, 29; SMR 2, 65, 66; BOP 5); CRC 2, 14, 30, 40(2); HR 38, 48; 17, 18; ACCG Charter; AJJA s. 3.11; BR 7.1)

Principle 4 of the National Principles for Child Safe Organisations states that: Equity is upheld, and diverse needs respected in policy and practice.

The Australian Human Rights Commission has identified best practice principles for a culturally safe and inclusive NPM: Road Map to OPCAT Compliance (2022).

## Topic 6: Safety, order, discipline, and restrictive practices

*(including violence and bullying, searches, disciplinary measures, restraint, use of force, separation, segregation and solitary confinement)*

| Expectations | Indicators |
|---|---|
| **6.1 Behaviour management:**<br><br>The agency has a behaviour management strategy in place which is understood by all staff and regularly reviewed. | • A coherent behaviour management strategy is in place that focuses on rewarding children for positive behaviour and effort.<br>• Staff model respectful and positive behaviour towards each other and children.<br>• Staff understand the impact of trauma, have received appropriate training, and implement effective strategies to address it.<br>• Behaviour management schemes are underpinned by a focus on positive relationships between staff and children.<br>• Staff engagement with children regarding behaviour is strength-based and focused on future behaviour.<br>• Managers understand the link between behaviour in custody/secure care and the community.<br>• The behaviour management strategy involves all internal departments and external agencies and is inked to other relevant strategies.<br>• The strategy outlines a range of disciplinary procedures and tools, including methods of de-escalation for dealing with fights, assaults, and other violent behaviours.<br>• The strategy outlines the use of conflict resolution, mediation, and other interventions to help children manage and control their behaviour.<br>• Staff have been trained in and understand the behaviour management strategy and how to implement it.<br>• Application of the strategy is appropriately monitored to ensure consistency in implementation. |

| | |
|---|---|
| **6.2 Behavioural standards:**<br><br>Children understand the standards of expected behaviour and the rules and routines of the establishment. Children are encouraged to behave responsibly. | • Children receive and understand information about standards of expected behaviour in accessible formats and languages.<br>• Children understand the benefits/incentives/rewards of positive behaviour and the consequences of poor behaviour.<br>• Rules and routines are proportionate, promote responsible behaviour and focus on the well-being of children.<br>• Rules and routines are applied openly, fairly, and consistently, without discrimination.<br>• Staff demonstrate a measured and balanced level of tolerance of normal child and adolescent behaviour.<br>• Children are supported to take age-appropriate risks as part of their development of independent living skills.<br>• Staff use their authority appropriately and set clear boundaries which support and encourage good behaviour.<br>• When rules are breached, staff take time to explain how and why to the child.<br>• Children can express views about behavioural standards through consultation arrangements.<br>• Children can challenge decisions about responses to behaviours and are confident that their views are taken seriously. |
| **6.3 Incentive and reward schemes:**<br><br>Children are motivated by an incentives scheme which rewards effort and good behaviour and has fair sanctions for poor behaviour. | • Incentive and rewards schemes in custodial or other secure settings are motivational, age-appropriate, and easily understood by staff and children.<br>• Children are informed of the scheme in a format and language they can understand.<br>• There is sufficient difference between the incentives levels to encourage responsible behaviour.<br>• Children and staff are clear about the criteria for promotion, demotion, loss of or access to privileges. |

| | |
|---|---|
| | • The implementation of rewards and sanctions is prompt, proportionate and consistent.<br>• Children's positive attitude, actions and effort are acknowledged and rewarded.<br>• Every child's behaviour is regularly reviewed, and they are encouraged and enabled to participate in person.<br>• Children are kept up to date with their progress on the scheme, can access reports made about them and have the opportunity to comment.<br>• Children who are likely to be demoted or lose privileges are warned beforehand and are given reasons.<br>• Children can appeal against a decision and are helped to do so.<br>• The rewards scheme does not limit contact with the outside world.<br>• Children can remain on higher levels of the scheme on transfer from or to another establishment.<br>• The regime for children on the lowest level of the scheme provides sufficient opportunity and support for them to demonstrate improvement in their behaviour.<br>• Interventions are in place for children who remain on the lower levels of a scheme for significant periods of time.<br>• The scheme is regularly monitored and reviewed, and regular consultation takes place about the scheme with staff and children.<br>• Parents and carers are routinely informed of children's positive attitude, actions, and effort. |

| | |
|---|---|
| **6.4 Bullying and related behaviours:**<br><br>Children, staff and visitors understand that bullying and intimidating behaviour are unacceptable and are aware of the consequences of such behaviour.<br><br>Any form of intimidating or violent behaviour is consistently challenged and not condoned. | • An evidence-based anti-bullying policy and violence reduction strategy is in place which is regularly reviewed.<br>• The violence reduction strategy and antibullying strategy is explained to children during induction and they know where they can get help to report bullying and victimisation.<br>• Staff are trained to understand all forms of bullying and how to apply anti-bullying procedures.<br>• Children feel safe and free from bullying, violence, and harassment.<br>• Children feel confident to report bullying and it is easy and safe for them to do so without fear of further intimidation.<br>• Staff promote positive and supportive relationships, identify and challenge problematic behaviour and model pro-social behaviour.<br>• Staff and managers can readily (and anonymously) raise concerns about bullying or violent behaviour within the workplace, including use of aggressive and intimidating language.<br>• Children are helped to understand the root-cause of their behaviour and develop alternative non-violent coping skills.<br>• Children who have been identified as displaying bullying or violent behaviour have individual plans that ensure they are supported to address their behaviour.<br>• Staff are aware of all forms of bullying and victimisation, including verbal abuse, theft, threats of violence and assault.<br>• Attention is given to identifying and protecting vulnerable children who may be victimised due to the nature of their offence or personal circumstances.<br>• Opportunities for bullying are minimised through a range of protective measures. |

| | |
|---|---|
| | • Children who report bullying are protected from further intimidation or victimisation.<br>• Staff identify children who self-isolate and provide support to promote positive relationships, wellbeing, and participation.<br>• Children's families/carers and friends are able to report any concerns they have about bullying.<br>• Incidents and indicators of violence and bullying are recorded, monitored, and regularly reviewed.<br>• Allegations of bullying behaviour are investigated thoroughly, and outcomes recorded. Accurate records of all serious incidents are overseen by a senior manager.<br>• Levels of bullying and violence reduce over time. |
| **6.5 Disciplinary procedures:**<br><br>Formal disciplinary procedures are age-appropriate and aimed at supporting positive behaviour and reparation where appropriate. They are applied fairly and for good reason. | • There are clear policies describing disciplinary procedures. Policies are reasonable and fair and encourage staff to use formal disciplinary procedures only when necessary.<br>• Information on the disciplinary process is available to children in a format and language they can understand.<br>• Disciplinary proceedings are conducted in age-appropriate surroundings in a clear and fair manner, where the child is able to meaningfully participate. The child is supported by an independent advocate and/or their legal representative.<br>• Children who lack capacity to obey a rule because of mental illness or disability are not subject to formal proceedings.<br>• Disciplinary findings and punishments are age-appropriate and are made fairly and consistently. They are realistic and aimed at achieving positive behaviour and, where necessary, reparation. They are understood by the child and mitigating circumstances are considered.<br>• Corporal punishment is prohibited. |

| | |
|---|---|
| | • Punishments may be suspended and include the opportunity for remission.<br>• Collective punishments are not used.<br>• Formal punishment does not include limiting contact with the outside world.<br>• All children facing disciplinary procedures are given time and support to prepare their case and are encouraged to seek appropriate advice.<br>• Children are told they can receive support from an advocate and/or legal representative in sufficient time before disciplinary procedures begin, and this is recorded. If requested, proceedings do not begin without an advocate or legal representative present.<br>• Children are encouraged and helped to play an active role in disciplinary hearings.<br>• Findings and punishments are fully explained to the child and are recorded in detail.<br>• Children are made aware of appeals procedures.<br>• Appeals procedures are fair and easy to use, and children are not victimised for challenging findings and punishments.<br>• Effective quality control and assurance measures are in place.<br>• Disciplinary procedures are properly recorded. Data from all disciplinary procedures are monitored on a routine basis. |
| **6.6 Separation/ isolation:**<br><br>Children are only separated from others or removed from their normal location with the proper authorisation and are located for appropriate reasons. Separation is | • There is a clear strategy in place for the use of all forms of separation.<br>• Segregation or separation is used only as a last resort, after other alternatives have been considered, and is used for the shortest time possible<br>• Health care staff promptly assess all separated and segregated children and contribute to care planning. |

| | |
|---|---|
| not used as a punishment. | • Children at risk of suicide or self-harm are only segregated in clearly documented, exceptional circumstances, and for the shortest possible time.<br>• Where children at risk to themselves or to others are segregated or isolated, observational checks are made at a minimum every fifteen minutes.<br>• Children are not separated as a punishment.<br>• The decision to separate children is for justifiable reasons, authorised properly and recorded.<br>• Children are given the reasons for their separation in a format and language they understand.<br>• Children and their parents, carers or outside workers can make representations to a senior manager before they are separated in specialist units or on normal location.<br>• Children whose behaviour requires them to be temporarily separated from others are located in a suitable environment where their individual needs are met.<br>• Children temporarily separated from their normal location have regular and meaningful contact with staff, are able to have meals and continue their education and undertake other activities.<br>• Those who are temporarily removed from mainstream activities can access equivalent activity to their non-segregated peers, including time outdoors.<br>• Where young people are segregated or confined, the place of confinement is of the same standard as the young person's normal accommodation.<br>• Children are never subjected to a regime that amounts to solitary confinement.[1]<br>• Children separated in specialist units or on normal location have a plan which ensures that their time is spent addressing their behaviour where relevant.<br>• Specialist units are decent, clean, and meet the needs of children. |

| | |
|---|---|
| | • Staff are vigilant in detecting signs of decline in emotional and mental wellbeing.<br>• Separated children have meaningful conversations with a range of staff on a daily basis.<br>• Separated children have sufficient activities to occupy and stimulate them.<br>• Reviews in relation to separation are held regularly and involve the child and all relevant staff. Parents/carers and relevant professionals, including social workers, youth workers and advocates, are engaged where appropriate.<br>• The use of separation and segregation is appropriately authorised, recorded, and monitored by senior staff, and analysed for patterns and trends.<br>• Data is used effectively to identify and minimise risks to the safety of children and staff. |
| **6.7 The use of force:**<br><br>Force is used only as a last resort, to a minimum degree and for the shortest possible time, and if applied is used legitimately by trained staff.<br><br>The use of force is minimised through preventive strategies and alternative approaches which are monitored through robust governance arrangements. | • All staff are trained in and promote de-escalation techniques. The establishment recognises and disseminates good practice in avoiding the use of restraint.<br>• A restraint-minimisation strategy is in place which links to other relevant strategies.<br>• Staff have up-to-date training in de-escalation and in using the appropriate, approved techniques.<br>• A restraint handling plan is in place for all children with a medical condition who may be adversely affected by restraint. All staff are aware of the information in the plan and use it during restraint.<br>• Children with challenging behaviours, including as a result of past abuse, neglect and trauma, physical disability, learning disability or personality disorder, have care plans which highlight risk factors and set out alternative management protocols which reduce the likelihood of restraint techniques becoming necessary.<br>• Pain infliction is not applied as a form of restraint. |

| | |
|---|---|
| | • Handcuffs are only used as a last resort, when there is evidence to support their use, and with the proper authority.<br>• Parents/carers and the child protection authorities, where relevant, are notified of incidents of restraint.<br>• Children can learn how to manage and take control of their behaviour and are given the opportunity to talk about their experience as soon as possible after an incident.<br>• Children receive an explanation of why force was used and this is recorded and used to inform other plans relating to the care of the child.<br>• Children are offered the opportunity to speak to an advocate or make a complaint about the incident without fear of repercussions.<br>• Child protection referrals and investigations are undertaken where necessary.<br>• Use of personal protection equipment is proportionate to the risks posed and is reviewed regularly by a senior manager and the local authority. The effects on children of being restrained by staff wearing personal protection equipment are understood.<br>• Batons or spit hoods are never used on children.<br>• All use of force incidents are filmed with sound (including body-worn video cameras). Recordings and documentation are promptly retained and reviewed.<br>• **Use of force documentation is completed within 24-hours** and is routinely scrutinised by a senior manager to ensure force is used as a last resort and is lawful.<br>• Use of force data is analysed, including in relation to injuries sustained, complaints about excessive or inappropriate use of force and feedback from children during debriefing processes. |

| | |
|---|---|
| **6.8 Restraint:**<br><br>Restraint techniques are only used legitimately and as a last resort when all other alternatives have been explored. Restraint techniques are not used as a punishment or to obtain compliance with instructions. | • Restraint techniques are only used as a last resort and for the shortest time possible, when there is immediate risk to the safety of the child or others, and when all other alternatives have been explored.<br>• The level of restraint used is the minimum necessary.<br>• Any incidents of restraint are properly authorised and accurately recorded.<br>• Restraint, and instruments of restraint, are never used or threatened as a punishment. An appropriately qualified health service professional attends all restraint incidents.<br>• Children subject to unplanned restraint procedures or those outside normal working hours are seen by a qualified health service professional as soon as possible after restraint is removed. |

**Human rights standards:**

The United Nations Standard Minimum Rules for the treatment of prisoners define solitary confinement as confinement 'for 22 hours or more a day without meaningful human contact'.

Article 37 (a) of the CRC states: No child shall be subjected to torture or other cruel, inhuman, or degrading treatment or punishment.

As with any restrictions imposed on people already deprived of their liberty, human rights standards require that segregation or separation (or any practice which isolates children) must only be used when absolutely necessary, for the shortest possible time, and be proportionate to the legitimate objective for which they are imposed.

Because of the harm that can be caused by segregation and separation, specific and additional safeguards also need to be in place. Children, wherever located, should not be subject to solitary confinement. (CRC 3, 37(a); HR 12, 66, 67; ERJO 93, 95.3; SMR 43–46; ECHR 3; ICCPR 7; CAT 1, 2, 16; YJA s.133; ACCGPS 10). (See also CRC CO 79(f) and SRT 44, 86(d)).

Human rights standards only allow for the use of force and restraint when absolutely necessary and as a measure of last resort. If it is absolutely necessary to use force or restraint, this must be the minimum necessary and for the shortest possible time. There must be clear procedures governing the use of force and restraint and staff must be trained to use techniques that minimise the use of force. (CRC 3; HR 63–65, 85; ERJO 90, 91.2; SMR 49; EPR 43; 64.2–66, 68.3; CCLEO 3).

Human rights standards require staff to pay particular attention to protecting vulnerable children and preventing victimisation. In addition, standards require children to have their own rooms unless it is in their best interests to share and they have been consulted about sharing. (CRC 3; ERJO 63.2, 88; CPT 104; SMR 2.2; EPR 18.6).

## Topic 7: Life in detention

*(including education, work, exercise and other activities, staff/detainee relationships)*

| Expectations | Indicators |
|---|---|
| **7.1 Assessment and case management:**<br><br>Each young person must have in place a detailed case management plan executed by an appropriately trained caseworker. | • Each young person must have in place a detailed **case management plan and a case manager.** For children in custody, this should be developed within **two weeks of their admission.** For children in other residential settings this should be completed within **24-hours of admission.**<br>• In custodial settings, each child has an individual worker allocated to them who they can go to on a daily basis for advice or help.<br>• Children and appropriate family members are actively involved in the young person's individual case management.<br>• For children in custody or secure mental health care, a through-care approach to case management should be coordinated across the facility as well as between the facility and the community.<br>• The case management plan must be based on the child's needs and should follow an appropriate and realistic timeline.<br>• There is sufficient flexibility to ensure the full range of a child's needs are addressed, for example, education, therapeutic programs, family contact, and legal advice.<br>• Case management is provided for children who return multiple times for short stays and enables previously started activities to be continued, where appropriate.<br>• The child's caseworker regularly reviews the case management plan for children. For children in custody and in secure residential facilities this should be **no less than once per month**, and more frequently for more complex cases. |

| | |
|---|---|
| **7.2 Relationships between staff and children:**<br><br>Children are treated with care and respect for their human dignity at all times. Relationships between children and staff are warm, compassionate and helpful, with appropriate boundaries maintained. | • Relationships between staff and children are based on mutual respect. Staff and children are fair and courteous in their day-to-day interactions with one another.<br>• Staff behave in a fair and consistent way, care for children as individuals and respond to their different needs.<br>• Consultative committees or equivalent **consultation processes are held at least monthly,** and children are able and encouraged to present suggestions or air grievances directly to senior staff.<br>• All staff, including senior managers, lead by example by regularly engaging positively with children.<br>• Staff can easily access information about individual children based on comprehensive and up-to-date information about their needs.<br>• Staff take time to build relationships with children and know their strengths and weaknesses, show genuine interest, and listen to children.<br>• Relationships between staff and children are purposeful and children have opportunities to get to know staff.<br>• Staff wear name badges at all times.<br>• All children have a staff member to turn to if they have a problem.<br>• Staff maintain accurate records of children's progress and identify any significant events affecting them.<br>• Staff understand the impact of life experiences, such as trauma, abuse, and mental illness, on behaviour.<br>• Markers visible to children (such as coloured stickers or notes on doors) to indicate behavioural problems or concerns are not used.<br>• Staff know how and feel confident to raise concerns about colleagues' behaviour or interactions with children, without recrimination. |

| | |
|---|---|
| **7.3 Personal safety:**<br><br>Children feel and are safe in their bedrooms and communal areas. | • Effective safeguards are in place to ensure all children are kept and feel safe, and the design and size of the residential units supports this.<br>• Staff are aware of any areas or times which are potentially unsafe and when additional supervision may be needed.<br>• Children are not required to share accommodation.<br>• Children are allowed to share a bedroom only if they have requested it and it is in their best interests.<br>• Communal areas meet the needs of the population and are supervised effectively.<br>• All children can raise an alarm in the case of an emergency.<br>• Children have privacy keys to their bedrooms.<br>• Observation panels in bedroom doors remain free from obstruction.<br>• Staff undertake regular, unobtrusive supervision of sleeping areas to ensure children's safety. |
| **7.4 Budgeting and money:**<br><br>Children are given advice and support on managing their money and in purchasing goods. | • Children in custodial settings understand the system of money management and purchasing of goods.<br>• Children have access to a wide range of products, and the range and cost of items is comparable to that available in the community.<br>• The list of goods available to children is publicised and accessible, in a range of formats and languages that are easy to understand.<br>• Children are able to buy and receive items within **24-hours of arrival.**<br>• Children arriving at reception without private money are offered an advance to use for purchases, with repayment staged over a period of time.<br>• Children can place and receive orders at least **once a week** and receive items promptly.<br>• Children can access accurate and up-to-date records of their finances. |

| | |
|---|---|
| **7.5 Personal responsibility:**<br><br>Children in custodial settings are encouraged and supported to take responsibility for their rehabilitation recovery and to contribute positively to life in the facility. | • Children are helped to take appropriate responsibility for meeting their day-to-day needs.<br>• Children are encouraged to attend activities regularly and on time.<br>• Staff support and motivate children to engage positively with activities designed to reduce their risk of reoffending and help them to prepare for release.<br>• There is an organised peer support scheme, and formal consultative mechanisms to engage children. Peer workers receive appropriate training, support and supervision. |
| **7.6 Significant staff:**<br><br>Children have an identified member of staff they can turn to on a day-to-day basis who is aware of and responds to their individual needs. | • Children know the name of their identified member of staff and can access them. Children have a say in who their identified member of staff should be.<br>• Staff know the personal circumstances of children in their care and play an active role in supporting them.<br>• Staff are proactive in maintaining **at least weekly individualised contact** to discuss overall progress. Staff maintain regular contact with children's families and encourage effective links with them to keep them up to date with children's progress.<br>• Staff are caring and compassionate and support children to make good choices and manage their emotions.<br>• Staff attend all meetings and reviews relating to the care and management of the children for whom they are responsible and share information appropriately. |
| **7.7 Time out of bedroom:**<br><br>Children spend most of their time out of their bedroom, engaged in activities such as education, leisure, and cultural pursuits, seven days a week. | • In custodial settings, children are out of their bedrooms **for a minimum of 10 hours each day,** including time in the evening. These out of bedroom hours are used to promote attendance at education and programs as well as recreation activities.<br>• Hours out of bedroom are only reduced in exceptional circumstances and authorised by the Manager/Director.<br>• Children are never subjected to a regime that amounts to solitary confinement. |

| | |
|---|---|
| | • Children have access to a wide range of constructive and age-appropriate activities while out of their bedroom.<br>• Children have access to properly equipped association/communal areas, which are in good order, with seating, tables, games, television, and a quiet area.<br>• Daily routines for children are predictable, including consistent publicised times for association, physical and other activities, and education.<br>• Activities are not cancelled without good reason, and reasons for cancellation are explained to children in advance.<br>• Children are given the opportunity and are encouraged to spend at **least one hour a day engaged in outdoor physical activities.**<br>• Children's bedrooms are unlocked at the published times.<br>• Timetabling arrangements maximise the use of resources and staff time and allow training and education activities to take place with minimal interruptions.<br>• Children are properly supervised by staff when out of their bedroom and feel safe.<br>• Staff monitor and take appropriate action to find out why children do not participate in activities and provide them with support.<br>• Staff engage actively with children during free association time and time outdoors.<br>• Effective use is made of sports and games-trained staff to offer additional recreational activities.<br>• Children are encouraged and enabled to socialise with one another and take part in recreational activities that interest them.<br>• Children are encouraged to give their time to benefit others, for example in peer support roles. |

| | |
|---|---|
| | • Children do not have to choose between access to the open air and other activities. |
| **7.8 Library and computer access:**<br><br>Children have good access to a well-equipped library which meets relevant Australian and Tasmanian standards and are encouraged to use it frequently, as well as access to appropriate computer resources. | • Children can use library facilities on request.<br>• Children use the library resources for reading, social interaction and to support their education programmes.<br>• Library materials are age-appropriate and sufficient to meet the needs of children.<br>• Library materials reflect the diverse needs and abilities of all children and are available in a range of formats and languages.<br>• Children have access to additional learning resources, including IT and the internet, and are provided digital literacy education.<br>• Children not on normal location, for example in segregation or health care units, can access library resources.<br>• Children can request specific learning materials. |
| **7.9 Physical fitness:**<br><br>Children benefit from physical education and fitness provision that meets their needs. | • All children have good access to timetabled physical education each week (in addition to optional, physical recreation) that includes a range of indoor and outdoor activities.<br>• Children receive an appropriate and timely induction into physical education and fitness activities.<br>• Children engage safely in a range of physical education, fitness, and associated activities, based on assessment of their needs, interests and capabilities.<br>• Physical education, fitness facilities, resources and activities meet the developmental and educational needs of children.<br>• Physical education and fitness staff have appropriate qualifications and expertise.<br>• Children can shower after each session and feel safe in doing so. |

| | |
|---|---|
| | • Physical education and fitness programming is effective at improving and maintaining the physical fitness of children.<br>• There are opportunities to gain meaningful physical fitness, education or sporting qualifications.<br>• Physical education staff liaise with health services, substance misuse services and other departments and agencies involved in the care of children.<br>• The physical education facilities are in good condition and are well supervised.<br>• There is appropriate provision for children who have little or no previous experience of formal physical education.<br>• Children's views on physical education are sought and acted on.<br>• There are opportunities for children to take part in competitions with community-based teams, where appropriate.<br>• Children who refuse to attend physical education are monitored and reasons for refusals sought and acted on.<br>• Young detainees have daily opportunities for physical and recreational activity as well as a regular structured sport and recreation program.<br>• Outside exercise is only cancelled in extreme weather conditions. |
| **7.10 Health and fitness promotion:**<br><br>Children understand the importance of healthy living and personal fitness. | • Healthy living and personal fitness are effectively promoted to children.<br>• Healthy living and personal fitness objectives form an explicit part of case planning.<br>• Children are encouraged to engage in creative activities to promote more formal learning and employability.<br>• Children have access to creative opportunities that improve health and well-being. |

| | |
|---|---|
| | • Children are encouraged to engage in creative activities to reflect on their lives and social responsibilities and to promote their rehabilitation/reintegration.<br>• Art and cultural experiences are used to enhance the environment at the facility.<br>• Creative activities are used to help children maintain contact with their families and to promote reintegration into the community. |
| **7.11 Creative arts:**<br><br>Children can access creative activities which promote learning, wellbeing and support rehabilitation. | • Children are encouraged to engage in creative activities to promote more formal learning and employability.<br>• Children have access to creative opportunities that improve health and wellbeing.<br>• Children are encouraged to engage in creative activities to reflect on their lives and social responsibilities and to promote their rehabilitation/reintegration.<br>• Art and cultural experiences are used to enhance the environment at the facility.<br>• Creative activities are used to help children maintain contact with their families and to promote reintegration into the community. |
| **7.12 Education, skills and work activities:**<br><br>Children are fully engaged in a program of education, learning and skill development to meet their individual needs. | • A detailed education and learning plan is developed in conjunction with the child as part of their case management, following a thorough assessment of their needs and abilities. Children identified as having learning difficulties are provided with access to education services that suit their needs and abilities.<br>• Learning plans contain clear goals and are used to record and review the child's progress. Regular follow-up assessments occur to ensure that learning plans reflect the child's needs and abilities.<br>• Children can access vocational programs that will develop their potential for when they are released. Work-related activities are aimed at providing |

| | |
|---|---|
| | training and skilling towards employment in the community, rather than focussing on production.<br>• Children are permitted and encouraged to continue their schooling whilst in custody or secure care.<br>• Children who were studying towards educational or vocational qualifications prior to arriving are enabled to continue with their studies.<br>• Education and training programs are equal to the standard available in the community and enable continuity and recognition of prior learning.<br>• The range of educational and training programs can accommodate the disparate needs of children at the facility.<br>• Sentence status or diagnosis does not prevent access to education and training.<br>• A range of teaching methods and specialities are available and are not limited to the classroom environment.<br>• High quality learning support is available for those who need it to make progress.<br>• Those who do not progress are assessed further and supported accordingly.<br>• Up to date technology and access to media are available as part of the education and training experience.<br>• Children who are unable to attend education with their peers (e.g. due to their behaviour or mood) are provided with the next best alternative, such as attendance at a different time or educational materials they can complete in their bedroom<br>• Those who refuse to attend education activities are monitored closely. Case management plans address such difficulties and work toward them undertaking relevant education as soon as possible.<br>• Children have access to a broad, balanced and relevant curriculum that includes education, pre-vocational training and work-related learning, and |

| | |
|---|---|
| | the promotion of their personal and social development.<br>• For children in custody, education is provided five days a week in classroom settings in normal school hours, including break and lunch times.<br>• Children receive their statutory entitlement of education, skills and work and learning and related skills activities in line with the National and Tasmanian Curriculum.<br>• Teaching staff have access to the necessary information to understand how broader issues, such as family, relationships, and wellbeing (including mental health) affect individual children and impact on their learning.<br>• Children are involved in setting, reviewing, and monitoring their progress towards the achievement of a clear and well-defined curriculum.<br>• Individual learning goals are underpinned by appropriate personal and social development targets.<br>• Teaching staff have appropriate qualifications and expertise, and can access specialist support, such as speech and language therapy, dyslexia, and autistic spectrum services.<br>• Teaching staff have an appropriate understanding of health and mental health issues and their impact on children's attitudes, ability, and readiness to learn.<br>• Vocational teaching staff are well qualified and have good subject knowledge and experience relevant to their roles, to reflect best industry practice and to meet children's and employer needs. |
| **7.13 Independent research and living skills:**<br><br>Children are encouraged to develop their research and independent learning | • The contents of learning plans are coordinated with other relevant plans for children.<br>• Education staff attend relevant training, planning and case management meetings.<br>• All children leave custody/care with arrangements for their education, work, or training. |

| | |
|---|---|
| skills, including the development of their digital skills, through supervised use of the internet. | • Links with community-based youth workers and careers advice services enable children to continue to receive appropriate education, training and employment guidance on release.<br>• Children who have special educational needs and/or disabilities are supported to become more independent in their everyday life.<br>• Children are supported to develop independent living skills such as meal preparation, home maintenance, budgeting, and job searching.<br>• Children are prepared for successful life in modern Australia and introduced to the fundamental values of democracy, the rule of law, individual liberty and mutual respect and tolerance of those with different backgrounds, faiths and beliefs. |
| **7.14 Learning and skills outcomes:**<br><br>The leadership and management of education, skills and work activities effectively improves outcomes for children. | • Leaders and managers ensure that there is sufficient provision of appropriate education, skills, and activities to cater for the full range of children's capabilities.<br>• Arrangements are in place to ensure that children are allocated to educational activities promptly, attend them regularly and arrive at sessions on time.<br>• Children attend education and activities regularly and frequently.<br>• Children make good, timely progress towards achieving appropriate qualifications and learning goals and develop the skills they need in order that they can progress effectively to the next stage of their education, employment, or training within or outside the facility.<br>• Education, work, and other activities are designed so that children are kept fully occupied and busy during sessions.<br>• Children with additional learning needs progress towards well-defined, individual targets that take account of their needs and abilities. |

| | |
|---|---|
| | • Children in custody meet the targets in their case plans to support a positive rehabilitation and minimise their chances of reoffending.<br>• When transferred or released, an accurate record of the child's learning needs, progress and achievements is forwarded promptly to the receiving establishment or education, training and employment provider.<br>• Leaders and managers monitor the progression into education, employment, and training of children.<br>• Leaders and managers monitor and analyse children's progress, including the progress of specific or vulnerable groups. |
| **7.15 Prosocial education:**<br><br>Children feel safe in education and activities and develop behaviours that help them to minimise reoffending. | • Children feel safe and secure, and free from physical and verbal abuse during their education, work, and activities.<br>• Children know how to protect themselves from harassment, discrimination, and extremism.<br>• Children participate fully in activities that motivate them and improve their awareness of how to reduce reoffending behaviours where relevant.<br>• Children develop confidence, resilience, and an ability to engage with new, experiences, contexts, ideas, and people.<br>• Children take interest and pride in their work, their ability to sustain concentration, avoid distractions and complete tasks.<br>• Children are able to work in a range of ways, for example independently, in small groups and in whole-class settings.<br>• Children demonstrate respect for the contributions of others.<br>• Children understand how they can improve their physical and emotional health by making choices about what they eat and drink, as well as through physical, educational, and work activities. |

| | |
|---|---|
| | • Children's behaviour in education and activities complies with articulated behavioural guidelines.<br>• Children in custodial settings develop an understanding of how they can avoid reoffending when they are released and develop strategies to reduce reoffending behaviours.<br>• Children develop personal strategies and tools to manage anxieties and behavioural responses. |

**Human rights standards:**

Human rights standards emphasise that staffing and resources should be sufficient to ensure meaningful interventions for children (CRC 39).

Staff should provide positive role models and have adequate training to carry out their roles. (CRC 12; ERJO 18, 19, 88, 127–130, 132; HR 12, 81–87; SMR 5.1, 74.1, 75–77; EPR 5, 8, 71–77, 81, 83, 87.1). The obligation to treat all children deprived of their liberty with humanity and respect for their inherent dignity is also relevant. (SMR 1; EPR 72.1; BOP 1; BPTP 1; ICCPR 10.1).

Human rights standards state that children's lives while detained should approximate as closely as possibly life in the community and that children must be allowed to take part in meaningful activities and socialise, including over weekends. Children must be allowed at least one hour in the open air each day (in addition to other activities and time to socialise). All children should be included and encouraged to participate. (CRC 23 (3), 31; HR 12, 18 (c), 47; ERJO 53.3, 76–81; CPT 107–108; EPR 5, 25, 27; AJJA 4.5; ACCG Charter).

The right of each child to education is recognised in the Convention on the Rights of the Child (CRC 28 and 29).

Article 28 of the CRC commits state parties to recognising the right of the child to education, and with a view to achieving this right progressively and on the basis of equal opportunity. Education should be accessible to every child, free, adapt to the capabilities of the child, and measures in place to encourage regular attendance. Article 29 of the CRC sets out that the education of the children should be directed to:

(a) The development of the child's personality, talents and mental and physical abilities to their fullest potential;

(b) The development of respect for human rights and fundamental freedoms, and for the principles enshrined in the Charter of the United Nations;

(c) The development of respect for the child's parents, his or her own cultural identity, language and values, for the national values of the country in which the child is living, the country from which he or she may originate, and for civilizations different from his or her own;

(d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin;

(e) The development of respect for the natural environment.

Children must be provided with education and vocational training that meet their individual needs (assessed on arrival and on an ongoing basis) and aspirations by properly qualified staff. Consideration must be given to ensuring that children are able to carry on with their education and training on release (CRC 13(1), 13(2), 17, 28(1), 29(1); ERJO 50, 62.6, 76–77; 102.1; CPT 107, 109–110; HR 38–40, 42–46, 62, 81, 84–85; EPR 28, 106; CRPD 27; BR 26.6; ACCG Charter).

Children should not be subject to bullying, harassment or discrimination (BR 26.2; CRC 2; HR 87(a), 87(d)).

Human rights standards require interventions to promote the social and personal development of children and to meet children's individual needs. Activities and interventions should foster health, self-respect, a sense of responsibility and help children to develop attitudes and skills which may assist them to address their offending. (CRC 3, 37 (a); ERJO 50, 51, 62.6, 76, 77, 79, 100–102; HR 12, 27, 79–80; EPR 25, 103, 107); AJJA s. 3.7, 3.9, 8, 9.3; HR 66, 67, 68, 69, 70, 71; YJA s. 132(b)-(f); YJA s.127; ACCG Charter).

Staff should provide positive role models for children and be trained to motivate and guide them and develop positive relationships with them. Disciplinary procedures should be a last resort. Children who are subject to disciplinary procedures must be informed of the allegations against them in a way they understand and have sufficient time and assistance, including from a legal representative, to prepare their case. Any punishment imposed should be proportionate. Children's contact with the outside world should never be limited as a punishment and children must not be subject to unofficial or collective punishments. (CRC 12; ERJO 18, 88, 94, 95.1–95.3, 95.6, 129; HR 24, 25, 66–71, 83, 87(a); CPT 112; SMR 36–43; EPR 30.1, 56–60.3, 60.6–63; BOP 30).

## Topic 8: Governance and Leadership

| Expectations | Indicators |
|---|---|
| **8.1 Direction:**<br><br>Leaders work collaboratively with staff, stakeholders, and children to set and communicate strategic priorities that will improve outcomes for children in custody. | • Leaders and staff understand and regularly evaluate the establishment's strengths and weaknesses. Where weaknesses are identified, plans are developed and implemented to improve outcomes.<br>• Leaders have a developed understanding of the experiences of children and staff in the establishment.<br>• Leaders communicate a shared and ambitious vision for the establishment.<br>• Realistic, aspirational plans are in place to improve outcomes for children.<br>• Staff understand and share the aims and priorities of the establishment.<br>• Leaders develop successful working relationships with key partners and stakeholders to deliver the establishment's or program's aims.<br>• Staff know how and feel confident to raise concerns about colleagues' behaviour or interactions with children, without recrimination. |
| **8.2 Philosophy and focus:**<br><br>Arrangements for children reflect a child-focused philosophy, operated independently of adult services. | • There is a clearly articulated and understood operating philosophy which accords with legislative requirements relating to youth detention, secure child mental health services, or residential disability or out of home care services.<br>• There is a clear focus on developmental needs, links to family support, through-care from and to the community as well as the specific needs of individual children.<br>• Child services and facilities are located separately from adult facilities.<br>• Procedures avoid taking a 'blanket approach' and cater to the individual needs of children. |

| | |
|---|---|
| **8.3 Transparency:**<br><br>Current information about agency policy and operations are readily available to staff, visitors and any other interested parties as appropriate. | • Rules, policies and procedures are readily available to all staff (including external and visiting staff) in accessible locations and formats.<br>• Staff specific and departmental policies (e.g. staff code of conduct and whistle blowing) are readily available and easily accessible to staff.<br>• There is adequate information available in the foyer, visits area, and on relevant websites regarding visits policy, visiting hours, how to book visits, make queries or lodge complaints. Staff should be available to answer queries in person before, during and after visits and at other times via telephone or written contact.<br>• There are effective complaint systems for visitors, staff and any others having contact with the detention centre. Complaints are actioned promptly, with progress and outcomes recorded for future reference.<br>• Confidential telephone help lines are available to all children. These are private, unrecorded, available free of charge and well- advertised in the facility. |
| **8.4 Engagement:**<br><br>Leaders create a culture in which staff and other stakeholders willingly engage in activities to improve outcomes for children. | • Leaders at every level are visible and approachable.<br>• Leaders take time to listen to staff and children and follow up issues raised.<br>• Effective communication is used to promote understanding of current priorities, information sharing, collaboration, and multidisciplinary working.<br>• Leaders set, model, and enforce standards of staff behaviour and care for children that support rehabilitation/wellbeing.<br>• Leaders actively promote the well-being of staff.<br>• Staff feel motivated and supported in their work.<br>• Leaders show and encourage innovation and creativity to solve problems and meet the needs of children.<br>• Effective practice is recognised and shared. |

| | |
|---|---|
| | • The organisational culture encourages staff to reflect on and learn from their mistakes. |
| **8.5 Governance:**<br><br>Governance arrangements facilitate implementation of child safety and wellbeing policies at all levels. | • The organisation makes a public commitment to child safety.<br>• A child safe culture is championed and modelled at all levels of the organisation. Regular top-down and bottom-up evaluations are conducted to identify if cultural expectations are being met and obtain staff feedback.<br>• A Code of Conduct provides guidelines for staff and volunteers on expected behavioural standards and responsibilities.<br>• Risk management strategies focus on preventing, identifying, and mitigating risks to children and young people.<br>• Staff and volunteers understand their obligations on information sharing and recordkeeping.<br>• The organisation can demonstrate they have current governance and policy documents, such as a current strategic plan, child safety and wellbeing policy, practice guidance, information sharing protocols, staff and volunteer codes of conduct and risk management strategies.<br>• The organisational leadership models, and regularly reinforces, attitudes and behaviours that value children and young people and a commitment to child safety, child wellbeing and cultural safety. This commitment is clear in duty statements, performance agreements and staff and volunteer review processes.<br>• Staff, volunteers, children and young people have a sound knowledge of children's rights, including their rights to feel safe and be heard, and the accountabilities that accompany these rights.<br>• Leaders promote sharing good practice and learnings about child safety and wellbeing, and opportunities are provided for this knowledge exchange to occur. |

| | |
|---|---|
| **8.6 Continuous improvement:**<br><br>Leaders focus on delivering priorities that support good outcomes for children in custody. They closely monitor progress against these priorities. | • Data is used effectively to understand the impact and fairness of policies, and to track progress against improvement plans.<br>• Feedback from children, staff and other stakeholders is used to generate ideas, create plans, and measure progress.<br>• Decisions are made and plans are amended in response to new information.<br>• Leaders welcome and encourage external scrutiny.<br>• Inspection recommendations, audit findings, serious incident reports and best practice ideas are used to generate improvement.<br>• Leaders use quality assurance processes to drive continuous improvement.<br>• Collaboration with policy teams and colleagues in other establishments or partner organisations supports improvement. |
| **8.7 Sustainability:**<br><br>Leaders should adopt and promote principles of sustainability and child-centred design, to be reflected in daily operations. | • A sustainability strategic plan is developed. Targets to reduce use of utilities, waste and increase self-sufficiency are monitored and regularly renewed.<br>• Building design and outfitting incorporates contemporary sustainability goals and child-centred design principles.<br>• Children are encouraged to become involved in sustainability and design projects within the facility, residence or in the community. |

**Human rights standards:**

Human rights standards emphasise that establishments should be managed within a context which recognises the obligation to treat all children with humanity and which facilitates healthy growth and development of children and the reintegration of children into the wider community (HR 30, 31, 32, 85; CRC 3, 20, 27(1), 27(2)).

Article 29 of the CRC sets out the key aims of children's education as the holistic development of the full potential of the child (29 (1) (a)), including development of respect for human rights (29 (1) (b)), an enhanced sense of identity and affiliation (29 (1) (c)), and his or her socialization and interaction with others (29 (1) (d)) and with the environment (29 (1) (e)).

Policies and procedures should be in place to support these aims, and these should be understood by all staff and regularly reviewed. For custodial settings they recognise the important role of staff in rehabilitation, the need for a clear sense of purpose and the importance of leadership in how that purpose is best achieved. Establishments must be adequately staffed to ensure a safe environment and staff should receive ongoing training, including to undertake specialist roles and work with particular groups of children. Arrangements should be in place to ensure good communication and coordination both within and outside of the establishment and the involvement of voluntary organisations should be encouraged. (EPR 6, 8, 72–87, 89–91, 93; SMR 1, 3, 74–80, 83; HR 81–87).

Principle 1 of the National Principles for Child Safe Organisations states that: Child safety and wellbeing is embedded in organisational leadership, governance and culture. Principle 9 of the National Principles for Child Safe Organisations states that: Implementation of the national child safe principles is regularly reviewed and improved. Principle 10 of the National Principles for Child Safe Organisations states that: Policies and procedures document how the organisation is safe for children and young people.

## Topic 9: Resources, staff skills, and knowledge

| Expectations | Indicators |
|---|---|
| **9.1 Resources:**<br><br>Children achieve desirable outcomes because necessary resources are provided. | • Staffing levels meet contemporary best practice to deliver the aims of the establishment.<br>• Staff have the knowledge, skills, and attitudes necessary to meet the needs of children.<br>• Staff and buildings are well utilised.<br>• Resource constraints are readily identified, and measures taken to resolve them.<br>• ICT systems support effective working practices.<br>• The staffing model includes professionals and specialists preferably with experience working with children, adolescents, and young adults.<br>• The staffing model is regularly reviewed and modified to ensure it meets operational demands and any changes in legislation, policy or procedures and remains suitably diverse.<br>• Staffing models are not replicated from adult prisons or related facilities without rigorous review and modification to suit the needs of children. For example, more custodial and/or program staff will be needed to maintain a higher staff to young person ratio, and shift structures need to support staff/child interaction.<br>• A workforce diversity and inclusion strategic plan has been developed with clear targets, and its implementation is tracked. |

| | |
|---|---|
| **9.2 Recruitment and induction:**<br><br>The organisation emphasises its commitment to child safety and wellbeing when advertising for, recruiting and screening staff and volunteers. | • Recruitment, including advertising, referee checks and staff and volunteer pre-employment screening, emphasise child safety and wellbeing.<br>• Relevant staff and volunteers have current working with children checks and sign up to a code of conduct that emphasises commitment to child safety and well-being.<br>• All staff and volunteers receive an appropriate induction and are aware of their responsibilities to children and young people, including record keeping, information sharing and reporting obligations.<br>• Appropriate screening should be conducted of staff from external agencies delivering services within the detention centre (or during external activities for young people).<br>• Duty statements and KPIs demonstrate that roles require commitment to valuing, safeguarding and respecting children, understanding children's developmental needs, and skills in culturally safe practices.<br>• New staff undergo formal supervised probation scaffolded by a variety of supports and supervision by suitably selected experienced and trained managers, supervisors, and peers. Issues identified during probation are addressed with opportunities given for improvement and probation should only be signed off when new staff meet all requirements for permanency and are deemed suitable for ongoing work with children at the facility. |
| **9.3 Supervision and retention:**<br><br>Ongoing supervision and people management is focused on child safety and wellbeing. | • Staff are provided with appropriate supervision and management.<br>• Ongoing staff support, supervision and performance management processes involve child safety elements.<br>• Senior management has the experience and skills necessary to improve outcomes for children. |

| | |
|---|---|
| | • Line managers support their staff, challenge where necessary and provide suitable professional development opportunities.<br>• The organisation maintains suitable record keeping systems and protocols for staff and volunteers.<br>• Staff and volunteers understand the child safety policy and procedures of the organisation and meet their record keeping, information sharing and reporting responsibilities.<br>• The organisation has a range of tools and processes to monitor and mitigate risk.<br>• Robust retention strategies are in place.<br>• Regular performance appraisal is undertaken for all staff.<br>• There are procedures for identifying unsuitable staff and methods for resolving issues or removing/redeploying unsuitable staff.<br>• Use of leave and overtime is monitored as part of the regular review of staff morale. |
| **9.4 Skills and knowledge:**<br><br>Staff and volunteers should be equipped with the knowledge, skills and awareness to keep children and young people safe and well. | • Staff have knowledge and understanding of children's physical, neurological, social and emotional development and the needs of children as they grow.<br>• The organisation provides a supportive and safe environment for staff and volunteers who disclose harm or risk to children and young people.<br>• Staff and volunteers respond effectively when issues of child safety and wellbeing or cultural safety arise. |
| **9.5 Training and development:**<br><br>All staff must be appropriately trained and receive ongoing development, and reaccreditation where necessary. | • Staff and volunteers receive training and information to recognise indicators of child harm including harm caused by other children and young people.<br>• Staff and volunteers receive training and information to respond effectively to issues of child safety and wellbeing and support colleagues who disclose harm. |

| | |
|---|---|
| | • Staff and volunteers receive training and information on how to build culturally safe environments for children and young people.<br>• The organisation provides regular opportunities to educate and train staff on child safety and wellbeing policies and procedures and evidence-based practice.<br>• All staff receive regular training to maintain and upgrade their skills (and qualifications where relevant) and be able to access professional development activities.<br>• The regular performance appraisal process includes updating staff needs and professional interests.<br>• All staff undertake training concerning human rights, Aboriginal issues and cultural awareness, child and adolescent development (including gender-specific information), emergency management, drug and alcohol awareness, disability awareness and other relevant areas.<br>• Staff and volunteers receive specific training on the rights of children and young people, including in relation to records being created about children and young people and their use.<br>• Staff are trained and aware of their responsibilities toward children who are deprived on their liberty.<br>• There is a formal training plan to coordinate the training of staff. Accurate and up-to-date records are kept of all staff training.<br>• Staff with direct detainee contact/supervision receive training in 'soft skills' (such as communication and de-escalation) as well as use of force and other security-focused procedural training. |
| **9.6 Workplace Safety:**<br><br>Effective emergency management, Workplace Health and Safety and other | • The facility provides a safe working environment for all staff (including visiting or external staff).<br>• An incident response capability is in place that is commensurate with assessed risk.<br>• Systems and equipment are secured safely, tested regularly, and maintained or upgraded to ensure |

| | |
|---|---|
| systems are placed to ensure safety. | serviceability and effectiveness. This may include large-scale systems such as room call systems, locks and keys, radios, cameras, ventilation/heating systems, as well as small-scale items such as unit-based first aid kits, fire extinguishers and restraint equipment.<br>• Emergency management plans are up-to-date, regularly reviewed, with all staff appropriately trained. Regular drills involving young people as well as staff are conducted.<br>• Physical and procedural security assists with the management, monitoring and responding to incidents.<br>• Staff are trained in workplace health and safety and specific training for the use of emergency equipment is provided.<br>• The use of any emergency response equipment is accurately recorded in a register.<br>• Hygiene and sanitation meet the requirements of all relevant legislation.<br>• Emergency responses to incidents are documented, recorded and reported in accordance with agreed protocols. |

**Human rights standards:**

Establishments must be adequately staffed to ensure a safe environment and staff should receive ongoing training, including to undertake specialist roles and work with particular groups of children (AJJA ss. 8.2, 8.3; UKHEALTH cl. 3.3, 11.1, 11.2; HR 32)

Arrangements should be in place to ensure good communication and coordination both within and outside of the agency and the involvement of voluntary organisations should be encouraged. (CRC 3 (3); EPR 6, 8, 72–87, 89–91, 93; SMR 1, 3, 74–80, 83; HR 81–87; AJJA 8.1, 8.2, 8.3, 8.4, 8.5 8.7, 8.9; RCIADIC 122, 155, 210, 237, 238, 177; BR 22.2

Article 3.3 of the CRC sets out that children should feel confident about the standards established in an organisation, particularly in the areas of safety, health, number, and suitability of staff, as well as supervision (see also AJJA 8.1, 8.2; HR 12; ACCG Charter).

Principle 7 of the National Principles for Child Safe Organisations states that: Staff and volunteers are equipped with the knowledge, skills, and awareness to keep children and young people safe through ongoing education and training.

## Topic 10: Arrival, travel and induction

| Expectations | Indicators |
|---|---|
| **10.1 Travel:**<br><br>Children travel in safe, secure, decent conditions, are treated with respect and attention is paid to their individual needs**.** Children should be transported only when it is absolutely necessary. | • Alternatives to transport should be used whenever possible, for example, the use of video links for court appearances and the provision of in-house medical and dental services.<br>• Prior to travel, all young people should be assessed to ascertain the potential negative impact of such travel and ways to minimise this impact.<br>• Any special needs identified must be met to minimise the impact of travel, including for young people with disabilities, who are injured or who are pregnant.<br>• When travelling from Court, children are collected soon after their case has been dealt with.<br>• Unless it is not in their best interest, children are able to spend time with their parents or carers before their journey to custody or a secure facility.<br>• Children do not travel with adult prisoners or patients.<br>• Children are held in secure vehicles for the shortest possible time.<br>• Children are given information they understand about the facility to which they are being transferred. Children can make a telephone call to their family, next of kin and legal advisor.<br>• Escort vehicles are clean and meet the needs of children. Vehicles have adequate storage for property and with suitable emergency supplies and hygiene packs for young women.<br>• Escorting staff are aware of the individual needs of the children in their care and provide a written and verbal briefing to receiving staff.<br>• Any issues regarding the safety of children under escort are quickly resolved.<br>• Restraint techniques are only used as a last resort and for the shortest possible time, when there is an |

| | |
|---|---|
| | immediate risk to the safety of the child or others, and when all other alternatives have been explored. Where restraint is used, this is documented and reported.<br>• Children are given adequate toilet breaks and refreshments during travel or transfer (as a guide, every 2 to 2.5 hours).<br>• There should be a capacity to broadcast essential information to vehicle passengers.<br>• Vehicles must be able to be tracked in real time.<br>• A cool store for staff and passenger food and drinks is provided.<br>• Where other facilities are used for overnight stays, they provide an adequate level of accommodation and services.<br>• High security escorts, while ensuring security and safety, have regard to the welfare and dignity of young people.<br>• In custodial settings, children arrive in sufficient time to allow reception and first night procedures to be conducted and to spend time in the facility before lock up/lights out. |
| **10.2 Arrival:**<br><br>On arrival children are safe and treated with respect, their individual needs are identified and addressed, and they feel supported on their first night. | • The needs of newly arrived children are promptly assessed to ensure they are safe and supported. Initial assessments are based on all relevant information, with attention to the individual needs and characteristics of each child and their safety.<br>• Children's immediate needs (including contact with families, reassurance about safety, accommodation on release, education, language, and health care) are identified on arrival and met.<br>• Appropriate action is taken to identify children or other dependants who may be at risk because of their carer's imprisonment, and to ensure their safety where necessary.<br>• Reception and first night accommodation provide a safe, welcoming, and supportive environment. |

| | |
|---|---|
| | • Children are offered drinks and hot food on their arrival.<br>• Alternatives to strip searches are prioritised.<br>• Children are only strip-searched where absolutely necessary, in response to well evidenced individual security concerns, and with proper authorisation.<br>• Interviews are private, take account of all available information and identify vulnerability and risk.<br>• Reception staff provide an effective briefing to unit staff.<br>• Children are reunited with their property on arrival and are moved quickly to designated first night accommodation.<br>• Children know how to and can access help and support from staff, family, and peer supporters.<br>• Children can make a free telephone call and additional help is provided to those who do not have external support from family and friends.<br>• Children receive basic equipment and supplies, including phone credit. They understand how long this is expected to last, its cost and any applicable system for repayment.<br>• Peer supporters are used effectively in reception and during the first night.<br>• Regular welfare checks are carried out on new arrivals.<br>• Information on admission, place, transfer, and release is provided without delay to the parents and guardians or closest relative of the child concerned, unless this is not in the best interests of the child. |
| **10.3 Induction:**<br><br>Induction takes place promptly and children understand the establishment's routines and how to | • Each child undergoes a thorough assessment **within two hours of admission**, to ensure that their risks and needs are identified, and strategies developed to ensure their safety. This includes examination by a medical professional to identify any conditions that require attention. |

| | |
|---|---|
| access available services and support. | • Assessment instruments are appropriate to determine the needs and risks of children.<br>• Until assessed, children are treated as being high risk and are subject to closer and more frequent checking than standard.<br>• All children receive a structured, comprehensive, and multidisciplinary induction which leaves them with a clear understanding of the detention centre and how to access any information or service they need to deal with problems.<br>• **Induction begins within 24-hours of arrival at the establishment** and is delivered in a range of formats and languages to ensure children understand it and can access information later.<br>• Staff reinforce the information given in reception and at induction and are available to answer questions on a continuing basis.<br>• An individual interview takes place during induction to assess how the child is feeling.<br>• Children are informed about:<br>- procedures to protect them from bullying, peer pressure and abuse;<br>- peer support programs to support young people;<br>- the system for earning for canteen purchases;<br>- the rewards and sanctions systems;<br>- general behavioural expectations;<br>- procedures to protect them from bullying, peer pressure, and/or any form of abuse or neglect;<br>- services available at the facility.<br>• Children are made aware of who they can speak to if they have concerns about their care and custody in detention, including the **Ombudsman, Health Complaints Commissioner, Commissioner for Children and Young People, and Child Advocate.** Children also receive general information about |

visits by the **Custodial Inspector** and the **Tasmanian National Preventive Mechanism**.

- Children are assured that their private information will be treated confidentially.
- Admission discussions take place in a clean, secure, non-threatening and confidential environment.
- Children are always asked if it is their first time in custody and treated accordingly.
- Staff deal with sensitive information in an appropriate manner and ensure that the needs of children are communicated to all relevant parties.
- Children are held in reception for as short a time as possible and are not left for long periods with nothing to do.
- Children meet their case manager/key worker/named personal officer in person during induction.
- Prior to being locked down on their first night, children are given the opportunity to shower and have a hot meal.
- Children are given a pack containing essential basic toiletry items.
- All new arrivals are offered the chance to speak to a member of the chaplaincy, a psychologist or peer supporter on their first night or the following morning.
- Staff spend time with young people on their first morning to assess how they are coping.
- Following induction children are aware of how to get information and help, deal with problems and complain about treatment. Checks are made to ensure they have understood.
- Children understand that their personal mail and telephone calls may be monitored.
- Children are purposefully occupied during induction and have access to at least 10 hours out of their bedroom each day.

| | |
|---|---|
| | • Children who face long or indeterminate sentences are identified on arrival and given support. The elements and implications of a long or indeterminate sentence are explained to them and, where appropriate, their families.<br>• Children are supported to arrange their first visit with family, friends, or advocates. |

**Human rights standards:**

Human rights standards set out a number of requirements which are applicable to arrival and early days in detention or secure care. These include ensuring children are transported safely and in conditions that do not subject them to hardship or indignity, requiring they be provided with information about their place of detention in a language and format they understand, identifying their health care and other needs, ensuring their safety, and allowing them to contact family. (CRC 3, 19, 37(a), 37(c); ERJO 62; HR 21–27; CPT 115, 122, 130; SMR 7, 54, 55, 58, 67, 68, 73; EPR 15, 16, 30, 31, 32; BOP 16, 24, 31); HR 24, 25, 26, 75, 76, 77, 78; YJA s.128; *Commissioner for Children and Young People Act 2016* (Tas) s.10).

## Topic 11: Safety in care

| Expectations | Indicators |
|---|---|
| **11.1 Protection from harm and neglect:**<br><br>Children are provided with a safe and secure environment which protects them from harm and neglect. They receive services that are designed to ensure safe and effective care and support. | • There is a designated safeguarding lead within the agency and a child safety policy.<br>• Staff are subject to recruitment and screening procedures in accordance with policy and legislation, including working with children checks.<br>• Children feel safe and are protected from harm.<br>• Children have a member of staff they can turn to if they have a problem. Staff have the time to build positive relationships with children and to effectively respond to children's concerns.<br>• Multidisciplinary planning provides effective care and support for children, in consultation with the child, to identify and implement strategies for reducing risk.<br>• The arrangements for external scrutiny of safeguarding performance are publicly available.<br>• There are mechanisms for notifying relevant authorities of significant child safety events, including:<br>- children arriving without documentation or incomplete/inaccurate documentation;<br>- the outcome of disciplinary investigations into allegations of staff misconduct;<br>- complaints;<br>- inadequate or incomplete reintegration arrangements;<br>- injuries to children, including incidents of self-harm;<br>- child protection referrals and concerns;<br>- assaults, violent incidents, escapes or attempted escapes, fires or other serious events;<br>- use of segregation, force and restraint.<br>• Outcomes of child protection referrals are clearly recorded, including the support given to children who are the subject of any referrals or enquiries. |

| | |
|---|---|
| | • Injuries and incidents of violence, including restraint, bullying and self-harm, are closely monitored. There is good data collection and regular analysis to help identify patterns and trends and to implement preventive measures.<br>• Children are consulted regularly and safety is given a high profile at consultation forums. There is evidence of action and outcomes where children have raised concerns about safety.<br>• Staff share and have access to up-to-date information about the children in their care.<br>• Staff model caring, respectful and non-violent behaviour.<br>• Staff take appropriate action to protect children from harm.<br>• Children are protected and helped to keep themselves safe from abuse, including bullying, radicalisation and discrimination.<br>• Online environments that an organisation uses or controls (including computers, phones, websites, intranet and social media) should address risks to children and ensure children's safety.<br>• Children's families, carers, friends, legal representatives and external agencies can easily provide information to the establishment about children who are vulnerable and may need additional support. |
| **11.2 Child protection:**<br><br>Protection concerns are identified and investigated, and action is taken to prevent further harm. | • Staff understand and follow procedures for responding to concerns about the safety of a child. Any child protection concerns are shared with **the Child Safety Service within the Department for Education, Children and Young People** without delay, and a record of that referral and outcome is retained. Staff immediately take appropriate action to protect children from harm.<br>• Children who allege abuse or mistreatment are offered the assistance of an independent advocate. |

| | |
|---|---|
| | • Guidance is in place to escalate concerns if staff are dissatisfied with the response from the **Child Safety Service.**<br>• Investigations into allegations or suspicions of harm are shared with the appropriate agencies and are handled fairly, quickly and in accordance with statutory guidance. Children are supported and protected, and support is given to the person making the allegation.<br>• Children or parents who allege harm are given a written response which sets out the action that has been, or will be, taken.<br>• Visitors and families know how to raise concerns directly if they think a child is being, or has been, maltreated.<br>• Children can raise concerns in confidence with a range of people and services outside the agency.<br>• Alleged criminal acts are referred to the Police. |
| **11.3 Self-harm prevention:**<br><br>The establishment provides a safe and secure environment which reduces the risk of self-harm and suicide. Children at risk of self-harm or suicide are identified at an early stage and given the necessary support. | • All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.<br>• Care planning and management, with input from the child, identifies and addresses risks related to self-harm and suicide. A consistent senior manager oversees care and planning to ensure continuity of care for each child. Where appropriate, family, friends are informed of care planning and invited to contribute to the child's care.<br>• Personal factors or significant events which may trigger self-harm are identified and included in the child's care plan.<br>• Personal possessions are only removed in well documented, exceptional circumstances to reduce risks to the child.<br>• Children are supported to express any thoughts of suicide and/or self-harm and are given the opportunity and assistance to contribute to reviews of their care, identifying their own support needs. |

| | |
|---|---|
| | • All incidents of self-harm or attempts to self-harm are referred to the designated safeguarding lead and parents/carers are informed.<br>• All staff, including night staff, are appropriately trained in suicide prevention and understand what to do in an emergency. Refresher training takes place regularly.<br>• Children are never monitored remotely as an alternative to engagement with and constant observation by staff.<br>• Constant observation occurs in a way that affords privacy and decency for the child, according to strict timelines and procedures.<br>• When it is in the child's best interests, parents and carers are given additional opportunities to visit children who are subject to constant observation.<br>• All information about children at risk of self-harm or suicide and nearing release is communicated to relevant people who can offer support in the community.<br>• Serious incidents are thoroughly and properly investigated to establish what lessons can be learnt to improve the care and protection given to children.<br>• Investigation into deaths by suicide lead to action plans for system and practice improvements.<br>• Incidents of self-harm reduce over time. |
| **11.4 Security:**<br><br>Children are kept safe through attention to physical and procedural matters, including effective security intelligence and positive relationships between staff and children. | • Security is proportionate to risk and the impact of security measures on children's wellbeing and development is considered. The security measures applied are the least restrictive necessary.<br>• The elements of 'dynamic security' are in place to maintain security and good order, including:<br>- positive and professional relationships between staff and children;<br>- constructive activity to stimulate and educate children; |

- established, accessible and effective procedures for resolving complaints, grievances and conflicts.

- Physical and procedural security is of the highest order, proportionate to risk. Surveillance equipment is regularly checked and maintained, and this process is documented. CCTV and other recording equipment coverage is respectful of children's privacy.
- Children's access to education, activities and health services are not impeded by an unnecessarily restrictive approach to security.
- Effective intelligence and security measures are in place to safeguard children from trafficking/manufacturing of illicit items and substances.
- Children found to be using illicit substances receive support from substance use services.
- Staff know about whistle-blowing procedures and feel confident to use them.
- Where inappropriate or abusive practice is found, staff are held to account.
- Intelligence processes are in place that are effective in assessing, reporting on, and sharing potential security risks.
- Procedures are in place for staff to ensure that any restricted articles or equipment accessed through programs or classes are removed when not in use and children are closely monitored during these classes/programs.
- Articles that may be considered a potential security threat are recorded in a logbook and accounted for at the end of each shift.
- All bedrooms are fitted with serviceable call buttons for direct access to staff at all times. These are regularly checked and maintained, and this is documented.
- Mechanical restraints are not used for routine requirements of children.

| | |
|---|---|
| | • Physical security and fire assessments are regularly undertaken and documented.<br>• The carrying of weapons by staff is prohibited. |
| **11.5 Searches:**<br><br>Children are subject to searching measures that are appropriately assessed and proportionate to risk. | • Searches are undertaken to reduce risks to safety and security from contraband, weapons, alcohol, and other drugs. Searches are conducted safely and only when reasonable and necessary and must be proportionate to the circumstances. Searches should not be carried out if it is determined that doing so would result in psychological harm to a child.<br>• Effective search procedures and recording are in place to check the entry and exit of all vehicles, contractors' tools and any other items that pose a potential security risk.<br>• Search procedures for visitors are clearly displayed and explained and are conducted in the least obtrusive way possible.<br>• Clear information on prohibited and restricted items is displayed to visitors.<br>• Searches of staff, visitors, children, and their property are conducted in a culturally sensitive manner.<br>• Children must not be routinely strip-searched and never using force.<br>• Strip searches are only used as a last resort and are based on sound intelligence. Prior to this, other available means of searching are used. The search is conducted as quickly as possible, the young person is allowed to remain partly clothed, and permitted to dress as soon as it is complete.<br>• Staff are appropriately trained to conduct strip searches in a discrete and sensitive manner.<br>• Staff conducting the search are the same sex as the child. Where the child identifies as transgender, they can nominate the gender of the staff conducting the |

search. Strip searching is carried out sensitively, and in private.

- Operating procedures are in place for refusal to comply with an strip-search or pat search.
- Cavity searches are never to be conducted.
- Reasons for strip searches are fully documented and are authorised and monitored by senior managers.
- Children understand why they are being searched and the process for doing so, and offered assistance from an independent advocate to record any questions or concerns they have about why they were searched, or how it was carried out.
- Searches of rooms are conducted when there is reasonable suspicion that contraband is present.
- Children are informed that their rooms or personal property are being searched and rooms/property are left in the condition in which they were found.
- Required outcomes from security information reports resulting in targeted searches are routinely documented.
- Search policies are regularly reviewed to assess their effectiveness and any scope for improvement.
- Additional measures such as use of overalls or increased supervision of visits is promoted as an alternative to searches.
- Alternative technologies to physical searches (such as body scanning) are regularly reviewed and considered for use.
- An up-to-date register is kept of all searches. It includes details of any force used, intrusiveness of the search, reasons for the search, who conducted the search and the outcome, and is readily available for inspection by oversight bodies.

**Human rights standards:**

Human rights standards require children who are detained be held safely. Any child who is detained must be protected from exploitation and abuse and be provided with care and protection to ensure their well-being. Staff must receive sufficient training on how to safeguard children. (CRC 3, 19, 33–37(a), 39; ERJO 52, 127, 129; HR 82, 85–87; CPT 121; SMR 1, 76; EPR 52.2, 81).

In addition, human rights standards require prompt and impartial investigation where there are reasonable grounds to believe an act of torture or ill-treatment has occurred in detention, or when an allegation of torture or ill-treatment is made by a detained individual. See HR 84, 85, 87; SMR 1, 34, 57, 71, 76; EPR 1, 8, 42, 55, 81; BOP 6, 33; CAT 2, 10, 12, 13, 16; ECHR 3; ICCPR 7, 10.1.

Human rights standards require children's right to life to be protected and promoted, and children to be treated with respect for their dignity and human rights. Standards require children to be provided with sufficient mental health care and staff to pay special attention to the prevention of self-harm, including recognising risk. Staff should have sufficient training, and communicate and cooperate effectively, to provide care. (CRC 3, 6; ECHR 2; ICCPR 6, 10; HR 1, 12, 49, 51, 52, 56, 81, 84, 85; ERJO 1, 8, 51, 70, 71, 129; SMR 1, 2, 30, 31, 33; EPR 1, 18.10, 25.4, 39, 42.3, 43.1, 47.2, 52.2, 52.4, 87.1).

Children who are detained should be held with no more security restrictions than necessary to ensure safe custody and in conditions which resemble life in the community as closely as possible. The approach to safety should build on positive relationships between staff and children. (ERJO 53.2, 53.3, 88; SMR 36; EPR 18.10, 24.2, 51–52. AJJA 3.9, 9.3; CRC 3(3); HR 66, 67, 68, 69, 70, 71; YJA s. 132(b)-(f)).

In addition, human rights standards require clearly defined procedures and justifications for conducting searches, and that they are conducted in a manner which respects human dignity and privacy, as well as the principles of proportionality, legality and necessity. (CRC 16; ECHR 8; ERJO 89.1, 89.3, 89.4; EPR 54.1–54.5, 54.8–54.10; SMR 50; BOP 1, AJJA 9.3; HR 64; YJA s.131, 135(3); AJJA 1.1, 1.2, 1.3, 9.1; ACCGPS No. 9).

Principle 8 of the National Principles for Child Safe Organisations states that: Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

## Topic 12: Pre-release and reintegration

| Expectations | Indicators |
|---|---|
| **12.1 Release planning:**<br><br>Planning for a child's release or transfer starts on their arrival in the setting. Resettlement underpins the development of all work and activities.<br><br>Planning is supported by partnerships in the community and informed by assessment of children's risk and need.<br><br>Ongoing planning ensures a seamless transition into the community. | • A comprehensive release and reintegration strategy is developed, informed by, and developed in consultation with children.<br>• Implementation of the strategy is tracked and updated regularly to include contemporary analysis and reassessment of strategic priorities.<br>• The analysis of reintegration needs takes into account multiple information sources, is weighted to prioritise children's individual needs, and considers the needs of cohorts of children at risk of further and persistent disadvantage (such as those in the care of the State).<br>• Each child's case worker coordinates work relating to the release of a child.<br>• All children should have a discharge interview and plan to ensure they are aware of any relevant requirements they may have following release, together with appropriate services and contacts in the community.<br>• All staff are involved in and support reintegration plans and actions and are clear about their responsibilities in supporting the pre-release and reintegration process.<br>• Reintegration services are coordinated and draw on external statutory and voluntary agencies, as well as internal resources.<br>• A step-down process leading up to a child's release should be in place, including external activities, day release, or similar options and connection with external community agencies.<br>• Preferably, all children should have some community experiences, external to the detention centre, prior to release.<br>• Children should leave detention with their immediate needs met, including education arrangements, |

| | |
|---|---|
| | accommodation, transitional support structures and contacts in place.<br>• Preparation for young people with serious and enduring mental health problems should ensure that they continue to be managed appropriately on release.<br>• Suitable clothes and bags are available on release.<br>• Outcomes for children following their release from the establishment are monitored and feed into the ongoing development and improvement of the establishment's pre-release and reintegration strategy. |
| **12.2 Public protection:**<br><br>Children who may present a risk to the public on their release are managed appropriately. | • Children who may present a risk to the public on release are identified immediately on arrival.<br>• Children are assessed appropriately, and decisions are explained clearly to them.<br>• Individual cases are reviewed regularly and monitored to consider any changes in circumstances.<br>• Restrictions imposed are fair and proportionate, clearly communicated to the child and last for the shortest time possible.<br>• Children are informed of the arrangements for managing the risk of harm they pose to others and the implications for them personally.<br>• The best interests and safety of the child in the community are considered when a child's access to his/her children is being assessed.<br>• Multi-agency structures for protecting and safeguarding the public are used effectively for release planning. |
| **12.3 Child transferring from juvenile to adult settings:**<br><br>Children who transfer or who are likely to | • Children who are likely to transition to an adult setting are identified at the point of entry into the establishment, so that transition planning can begin at arrival.<br>• Planning takes account of future transfer to adult services where appropriate, and plans are in place |

| | |
|---|---|
| transfer to adult services are managed appropriately. | to ensure outstanding interventions are implemented.<br>• Decisions to transfer young adults to adult services or to retain them in youth-based services are recorded.<br>• Staff have the skills to prepare children for transfer to adult services and children are thoroughly prepared for transfer to adult services.<br>• Notification of transfer, and all essential advance information, is sent to the relevant adult service in sufficient time to ensure continuity of delivery of interventions.<br>• All intervention providers (including health and education, training, and employment providers) are informed of transfers to adult establishments in advance and are involved appropriately in case transfer meetings.<br>• Parents/carers are involved, where appropriate, in discussions about transfer and in case transfer meetings where it is likely to aid the child's progress and engagement. |
| **12.4 Post release accommodation:**<br><br>Appropriate care and accommodation are arranged before children are released. | • Children have suitable, sustainable, and safe accommodation arranged no less than **14 days prior to their release.** Where a child is held on remand, planning for accommodation on release commences on admission and is ongoing.<br>• Children are assessed jointly by facility staff and the key post release oversight agency to determine accommodation needs.<br>• Children are made aware of and have full access to specialist services that provide help and advice in finding accommodation after release.<br>• Relevant staff demonstrate the level of knowledge required to effectively address the range of accommodation issues facing children.<br>• Relevant staff work closely with local housing agencies and providers. |

| | |
|---|---|
| **12.5 Healthcare on release:**<br><br>Children with continuing health, social care and substance misuse needs are prepared and helped to access services in the community before their release. | • Children receive relevant pre-release assessments and interventions and are helped to register with community health services.<br>• Effective coordinated discharge planning ensures agreed packages of care are continued on transfer and on release, including for care leavers.<br>• Children receive individual health promotion advice prior to release.<br>• Children receive drug, alcohol, and tobacco harm reduction advice prior to release.<br>• Children going to court or being released or transferred receive adequate supplies of medication or a community prescription to meet their needs. |
| **12.6 Financial management advice:**<br><br>Children are given advice and support on how to manage their money and deal with debt on release. | • Prior to release children are encouraged and helped to open a bank account.<br>• Children are encouraged and helped to apply for a Medicare card and relevant identity documents.<br>• |

**Human rights standards:**

Human rights standards emphasise the importance of preparing for a child's release from the beginning of their stay, which requires individualised plans, regular reviews and the involvement of outside services and agencies and parents and carers. (BR 24.1, 29.1;HR 12,27; ACCG Charter).

Plans should take into account children's views, meet children's individual needs and be aimed at allowing children to make the best use of their time and to develop skills and competencies to help them on release. There should be effective communication between staff and those outside the establishment. (CRC 3, 12; ERJO 14, 50, 51, 62.6, 73, 77, 79, 100–102; HR 12, 27, 79–80; CPT 109; EPR 87.1, 103, 104.2, 107).

On release, children must have adequate clothing, safe and suitable accommodation to go to and the means to reach their destination safely and maintain themselves in the period immediately following release. Staff and agencies involved in preparing children for release should work closely together to help children re-establish themselves in the community. (ERJO 100–102; HR 79–80, 110; EPR 33.7, 33.8, 107).

# Appendix 1: Human rights instruments and policy materials

| Abbreviation | Full title |
|---|---|
| **Treaties** | |
| CAT | Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-against-torture-and-other-cruel-inhuman-or-degrading |
| CERD | International Convention on the Elimination of All Forms of Racial Discrimination https://www.ohchr.org/sites/default/files/cerd.pdf |
| CRC | Convention on the Rights of the Child https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/crc.pdf |
| CRPD | Convention on the Rights of Persons with Disabilities https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities |
| DRIP | Declaration on the Rights of Indigenous Peoples https://www.ohchr.org/en/indigenous-peoples/un-declaration-rights-indigenous-peoples#:~:text=The%20Declaration%20addresses%20both%20individual,all%20matters%20that%20concern%20them |
| ICCPR | International Covenant on Civil and Political Rights https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights |
| ICESCR | International Covenant on Economic, Social and Cultural Rights https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights |

| | |
|---|---|
| OPCAT | Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment https://www.ohchr.org/en/instruments-mechanisms/instruments/optional-protocol-convention-against-torture-and-other-cruel |

**Standards and guidance**

| | |
|---|---|
| BR | United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules) https://www.ohchr.org/sites/default/files/Documents/ProfessionalInterest/beijingrules.pdf |
| BOP | Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment https://www.ohchr.org/en/instruments-mechanisms/instruments/body-principles-protection-all-persons-under-any-form-detention#:~:text=No%20person%20under%20any%20form,or%20degrading%20treatment%20or%20punishment |
| BPRL | Basic Principles on the Role of Lawyers https://www.ohchr.org/en/instruments-mechanisms/instruments/basic-principles-role-lawyers |
| BPTP | Basic Principles for the Treatment of Prisoners https://www.ohchr.org/en/instruments-mechanisms/instruments/basic-principles-treatment-prisoners#:~:text=All%20prisoners%20shall%20be%20treated,property%2C%20birth%20or%20other%20status. |
| BPUF | Basic Principles on the Use of Force and Firearms by Law Enforcement Officials https://www.ohchr.org/en/instruments-mechanisms/instruments/basic-principles-use-force-and-firearms-law-enforcement#:~:text=Law%20enforcement%20officials%20shall%20not,a%20danger%20and%20resisting%20their |
| CCLEO | Code of Conduct for Law Enforcement Officials https://www.ohchr.org/en/instruments-mechanisms/instruments/code-conduct-law-enforcement-officials |

| | |
|---|---|
| CRC CO | United Nations Committee on the Rights of the Child, *Concluding observations on the combined fifth and sixth periodic report of Australia 2019* *https://www.ohchr.org/en/documents/concluding-observations/committee-rights-child-concluding-observations-combined-fifth-and* |
| CRCGC12 | Committee on the Rights of the Child, General Comment on the Right of the Child to be heard https://www.refworld.org/docid/4ae562c52.html |
| CRCGC24 | Committee on the Rights of the Child, General Comment 24 on children's rights in the child justice system https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-24-2019-childrens-rights-child |
| DPT | Declaration on the Protection of All Persons from Being Subjected to Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment https://digitallibrary.un.org/record/189613?ln=en |
| DRM | Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-rights-persons-belonging-national-or-ethnic |
| GG | World Organisation Against Torture: Global Guide for Prevention and Protection of Children Against Torture. https://gdpakistan.org/wp-content/uploads/2021/11/OMCT_Global-Guide-Children.pdf |
| HR | United Nations Rules for the Protection of Juveniles Deprived of their Liberty ('Havana Rules') https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-rights-persons-belonging-national-or-ethnic |
| RG | United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines) https://www.ohchr.org/en/instruments-mechanisms/instruments/united-nations-guidelines-prevention-juvenile-delinquency-riyadh |

| | |
|---|---|
| SMR | Standard Minimum Rules for the Treatment of Prisoners https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf |
| SRT | United Nations Human Rights Council, *Reports of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment*, https://www.ohchr.org/en/special-procedures/sr-torture |
| VG | Guidelines for Action on Children in the Criminal Justice System (Vienna Guidelines) https://www.ohchr.org/en/instruments-mechanisms/instruments/guidelines-action-children-criminal-justice-system |

**European human rights instruments**

Treaties

| | |
|---|---|
| ECHR | European Convention for the Protection of Human Rights and Fundamental Freedoms https://www.echr.coe.int/european-convention-on-human-rights |

**European Standards and guidance**

| | |
|---|---|
| CPT | European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, *Juveniles deprived of their liberty under criminal legislation*, CPT/Inf(2015)1-part rev1, 2015. https://rm.coe.int/16806ccb96 |
| EPR | Recommendation Rec (2006)2 of the Committee of Ministers to member states on the European Prison Rules https://rm.coe.int/09000016809ee581 |
| ERJO | Recommendation CM/Rec(2008)11 of the Committee of Ministers to member states on the European Rules for juvenile offenders subject to sanctions or measures https://www.coe.int/en/web/prison/conventions-recommendations |
| UKYJB | UK Youth Justice Board Healthcare Standards for Children and Young People in Secure Settings |

| | |
|---|---|
| | https://www.rcpch.ac.uk/sites/default/files/2023-04/rcpch_healthcare_standards_for_children_and_young_people_in_secure_settings_2023.pdf |

**Australian and New Zealand standards and guidance**

| | |
|---|---|
| ACCG Charter | Australian Children's Commissioners and Guardians, A model charter of rights for children and young people detained in youth justice facilities. https://hrc.act.gov.au/wp-content/uploads/2014/09/ACCG-Model-Charter-of-Rights-for-Children-in-Youth-Justice-Facilities.pdf |
| ACCGHRS | Human rights standards in youth detention facilities in Australia: the use of restraint, disciplinary regimes and other specified practices. https://www.childcomm.tas.gov.au/wp-content/uploads/2016/10/report-accg-human-rights-the-use-of-restraint-disciplinary-regimes-and-other-specified-practices.pdf |
| ACCGPS | Australian Children's Commissioners and Guardians, Position Statement on conditions and treatment in youth justice detention (November 2017) https://humanrights.gov.au/sites/default/files/document/publication/ACCG_YouthJusticePositionStatement_24Nov2017.pdf |
| AHRC | Australian Human Right Commission, Roadmap to OPCAT Compliance (2022) https://humanrights.gov.au/sites/default/files/opcat_road_map_0.pdf |
| AJJA standard | Australasian Juvenile Justice Administrators, Juvenile Justice Standards, (2009). https://www.ics.act.gov.au/__data/assets/pdf_file/0003/1342767/AJJA-Standards-2009.pdf |
| DGJJFANZ | Design Guidelines Juvenile Justice Facilities in Australia and New Zealand (1996) http://www.ayja.org.au/wp-content/uploads/2018/08/Design-Guidelines-Juvenile-Justice-Facilities-in-Australia-and-New-Zealand-1996-Part-1-pp1-96.pdf |
| NPCSO | National Principles for Child Safe Organisations https://childsafe.humanrights.gov.au/sites/default/files/2019-02/National_Principles_for_Child_Safe_Organisations2019.pdf |

| | |
|---|---|
| RCIADIC | Royal Commission into Aboriginal Deaths in Custody: Regional Report of Inquiry into Underlying Issues in Western Australia (1990) https://catalogue.nla.gov.au/Record/1127953 |
| E-Safety | ESafety Community education and training<br><br>https://www.esafety.gov.au/educators/community-education |

## Tasmanian laws

Children, Young Persons and their Families Act (1997) Tasmania
https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-028

Child and Youth Safe Organisations Act 2023
https://www.legislation.tas.gov.au/view/html/inforce/current/act-2023-006

Commissioner for Children and Young People Act (2016) Tasmania
https://www.legislation.tas.gov.au/view/html/inforce/current/act-2016-002

Court Security Act 2017
https://www.legislation.tas.gov.au/view/html/inforce/current/act-2017-034

Criminal Law (Detention and Interrogation) Act 1995
https://www.legislation.tas.gov.au/view/html/inforce/current/act-1995-072

Disability Services Act 2011
https://www.legislation.tas.gov.au/view/html/inforce/current/act-2011-027

Corrections Act (1997) Tasmania
https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-051

Mental Health Act (2013) Tasmania
https://www.legislation.tas.gov.au/view/html/inforce/current/act-2013-002

Ombudsman Act (1978) Tasmania https://www.legislation.tas.gov.au/view/html/inforce/current/act-1978-082

OPCAT Implementation Act (2021) Tasmania
https://www.legislation.tas.gov.au/view/html/asmade/act-2021-026

Terrorism (Preventative Detention) Act 2005
https://www.legislation.tas.gov.au/view/html/inforce/current/act-2005-071

Youth Justice Act (1997) Tasmania
https://www.legislation.tas.gov.au/view/html/inforce/current/act-1997-081

## Tasmanian standards and guidance

Child and Youth Safe Organisations Framework Tasmania
https://www.justice.tas.gov.au/carcru/child-and-youth-safe-organisations-framework

Child and Youth Safe Standards
https://www.legislation.tas.gov.au/view/html/inforce/2023-07-01/act-2023-006#JS1@EN

Inspection standards for youth custodial centres in Tasmania
https://www.custodialinspector.tas.gov.au/__data/assets/pdf_file/0006/546279/FINAL-Inspection-Standards-for-Youth-Custodial-Centres-in-Tasmania-July-2019.pdf

Office of the Chief Psychiatrist Tasmania: Standing Orders and Clinical Guidelines
https://www.health.tas.gov.au/about/office-chief-psychiatrist/information-health-professionals-office-chief-psychiatrist/standing-orders-and-clinical-guidelines

Tasmanian Out-of-Home Care Standards
https://publicdocumentcentre.education.tas.gov.au/library/Shared%20Documents/Att-4-Tasmanian-Out-of-Home-Care-Standards.pdf

Charter of Rights for children in out of home care
https://publicdocumentcentre.education.tas.gov.au/library/Shared%20Documents/Poster-Charter-of-Rights-Digital-Communties.pdf

Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings – Final Report
https://www.commissionofinquiry.tas.gov.au/report

Tasmanian NPM National Preventive Mechanism

Office of the Custodial Inspector Tasmania

**Mail:** GPO Box 960, Hobart Tasmania, 7000
**Phone:** (03) 6166 4566

**Tasmanian NPM:** enquiries@npm.tas.gov.au
www.npm.tas.gov.au

**Custodial Inspector:** ci@custodialinspector.tas.gov.au
www.custodialinspector.tas.gov.au