

*Youth Justice Policy Determination 5.0:
Health Services*

REFERENCE	61:F2018/286-22	
POLICY APPROVER	Name Title	Jeanette Kerr Deputy Chief Executive Officer Operations
	Date	14 March 2018
POLICY OWNER		Executive Director Youth Justice
POLICY RESPONSIBILITY		Senior Director Youth Justice Programs
IMPLEMENTATION RESPONSIBILITY		Manager Youth Programs - Superintendent

Document Control

VERSION HISTORY	EFFECTIVE DATE	REASON FOR UPDATE
Version 1.02	March 2018	Update to title and links for Policy Determination 6.0
Version 1.01	January 2018	Update to position titles and policy determination references
Version 1.0	January 2018	Deputy Chief Executive Officer Operations approval

NEXT REVIEW DATE	January 2020, or as directed prior to the scheduled review date.
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Policy Purpose

Young people will have access to a comprehensive range of health care services as well as health promotion services and programs at a detention centre that maintain or improve their level of health and wellbeing.

Authority / Responsibility

The Executive Leadership Group and Senior Managers have responsibility for ensuring that supervisors and employees understand and comply with this policy.

This policy applies to all Youth Justice Officers, Senior Youth Justice Officers, Shift Supervisors, Health Care professionals, the Superintendent and Deputy Superintendent.

Policy Statement

In partnership with the Department of Health (DoH) as the Primary Health Care Provider (PHCP), Territory Families will ensure young people in detention have access to health care, services and programs that improve and maintain their health and wellbeing, including access to treatments for special health needs, within a framework that recognises a young person's individual strengths and any specific vulnerabilities associated with their social, psychological and biological development.

Provision of Health Services

General Principles

Regardless of age, disability, sexuality, gender, income, or cultural and linguistic background, all young people should receive services in a culturally appropriate way, sensitive to gender and appropriate to the individual.

Young people in detention frequently have complex health issues and specific needs requiring specialist health service intervention. Life stage, lifestyle, substance use issues, family history, and the availability of social supports all affect a young person's health.

The Superintendent and staff are responsible for the promotion, development and maintenance of the health of young people, including responding to their physical, psychological, emotional and social needs, including drug and alcohol issues and self-harm and suicide.

In partnership with the public hospital system and the Primary Health Care service, youth detention centres will ensure young people are provided access to:

- A comprehensive range of health care and health promotion services and programs on an ongoing basis;
- Mental health services, including systematic early assessment, diagnosis and treatment of mental health issues;
- An alcohol and other drugs service, including assessment, education and intervention;
- Immediate medical assessment and treatment following use of force on a young person (refer to [Youth Justice Policy Determination 2.5: Use of Force](#));
- Services that cater to the needs of young men, young women and infants should they be accommodated in a youth detention centre;
- A visiting medical officer of the same sex as the young person; and
- Access to a therapeutic diet and nutritional supplements as required.

ABORIGINAL AND TORRES STRAIT ISLANDER YOUNG PEOPLE

Staff must be aware of the specific considerations and principles in the [Youth Justice Policy Determination 4.4: Aboriginal Young People](#), particularly:

- The impact that detention and separation can have and feelings of shame and guilt for the young person and family;
- The engagement of a professional interpreter where required;

- Recognition of specific health considerations of Aboriginal young people; and
- Ensuring young people can access Aboriginal specific health services.

GIRLS AND YOUNG WOMEN

Staff must be aware of the specific considerations for young women in detention as they may have untreated physical and mental health problems, for example eating disorders, a history of sexual abuse, self-harm and suicidal behaviours. Young women may be pregnant or have children and be in need of additional support.

Refer to [Youth Justice Policy Determination 4.5: Supporting Girls and Young Women in Detention](#).

YOUNG PEOPLE WITH A DISABILITY

All sentenced young people and young people who are remanded in custody spending 14 days or longer in detention will have an individualised case plan to identify and address their specific needs, strengths and special requirements. Staff should be aware that ensuring that the special requirements of young people living with a disability are addressed. This may involve the development of a case plan for young people living with a disability who have been remanded in custody for less than 14 days.

It should be determined if the young person is already receiving services and supports from the Office of Disability, Department of Health. If supports are in place they should be continued, wherever possible, while the young person is in detention. Young people living with a disability may also be eligible for access to the National Disability Insurance Scheme (NDIS). A request for access to the NDIS may be submitted directly to the National Disability Insurance Agency if the NDIS has been 'rolled out' in the young person's home community. If the young person is receiving services through the Office of Disability they will be referred to the NDIS by DoH.

Medical Examination on Admission

INITIAL ASSESSMENT

In accordance with *Youth Justice Regulations*, a comprehensive medical and health assessment must be carried out on each young person within 24 hours after the young person's admission to detention. Where practicable a young person should be assessed prior to being moved to an accommodation unit.

Where a young person is admitted into the centre during the evening and they are scheduled to attend court the next morning, it is the responsibility of the escorting Youth Justice Officer to ensure the young person attends the medical centre to undergo a wellbeing check by the PHCP. This must occur before the young person is escorted from the detention centre. If the young person remains in custody after the court hearing, a full admission health screen should occur upon their return to the centre.

Youth detention centres must not admit a young person who is injured, ill or intoxicated unless they have been examined and received appropriate treatment from a medical practitioner and a medical certificate has been provided stating the young person is fit to be admitted to the detention centre.

Refer to [Youth Justice Policy Determinations 4.0: Admissions, Warrants and Release](#).

MEDICAL SAMPLE

While being medically assessed, young people may be anxious, frightened, withdrawing from substances and / or feeling vulnerable. However, it is imperative to complete a full and accurate health assessment where possible. To complete a comprehensive assessment of a young person a blood, bodily secretion and / or excretion sample must be taken by a medical practitioner or nurse. This needs to be done as soon as practicable after admission to assist in managing the young person's health needs.

If a young person is difficult to engage during the assessment process, clinicians must document the circumstances, and consult with other PHCPs or Territory Families staff about how best to proceed with the assessment.

Consent for Medical Treatment

CONSENT OF A YOUNG PERSON

A young person assessed as having a level of maturity, intellectual functioning and mental health status required to provide informed consent, must provide their consent for all matters related to their health, assessment and treatment.

If a young person's assessed level of maturity, intellectual functioning and/or mental health prevents them from providing informed consent, consent must be sought from a person with parental responsibility for the young person. If after reasonable efforts a person with parental responsibility cannot be located to provide consent the Superintendent must be notified as soon as possible.

The Chief Executive Officer (CEO), Territory Families can consent to medical treatment in place of the parent or guardian under section 177 of the *Youth Justice Act* if, on medical advice, the CEO forms the opinion that delaying the treatment would be detrimental to the health of the young person.

If the CEO is required to consent to medical treatment in an emergency situation, all possible efforts must be made to contact the young person's guardian as soon as possible to inform them of the situation in line with the type of reportable incident.

Refer to [Youth Justice Policy Determination 2.3: Incident Recording and Reporting](#).

REFUSAL TO UNDERGO TREATMENT

In the event a young person refuses attention and/or treatment and is assessed as capable of giving informed consent by a medical practitioner, then the young person's intention to not receive treatment should be respected. In these circumstances the CEO may, after consulting with the medical practitioner, enact processes to override a young person's decision. This determination must be provided in writing by the CEO to Manager Youth Programs – Superintendent. In this instance the young person must be given the right to a second medical opinion.

If a young person is capable of giving informed consent and their decision is not overridden, Youth Justice Officers must ensure records are made about the refusal and duty of care precautions taken.

Young Person At Risk

A young person may be identified as at risk of self-harm or suicide by any youth detention staff member. Other people who interact with the young person may also identify that a young person is at-risk. This includes the Court, Department of Health staff, Department of Education staff, personal or professional visitors, the young person's parents or their child protection worker.

If a young person is identified as at risk refer to [Youth Justice Policy Determination 5.1: Young People At Risk](#).

Health Needs

ACCESS TO TREATMENT

Health assessments and treatment will be available throughout a young person's time at a detention centre to meet their physical, psychological, emotional and social needs, including drug and alcohol issues and self-harm and suicide behaviours. Health information, where appropriate, shall inform;

- The day to day support of a young person through the Young Person Support Plan (refer to [Youth Justice Policy Determination 4.9: Young Person Support Plan](#));
- The young person's placement in appropriate accommodation; and
- The young person's Case Plan and throughcare (refer to [Youth Justice Policy Determination 4.1: Case Management, Assessment and Throughcare Services](#)).

Young people must be informed of their rights and responsibilities and be informed of how to access health care services.

EMERGENCY MEDICAL TREATMENT

If a young person requires emergency medical treatment, youth detention staff must take immediate action to ensure that medical attention is provided as a matter of urgency. This must include enacting the 'Medical Emergency' code procedures.

Refer to *Youth Justice Policy Determination 6.0: Incident Management*.

NON-URGENT MEDICAL TREATMENT

If a young person presents to the PHCP with a minor injury or health complaint, or reports the injury or complaint to a staff member, the PHCP or staff member must;

- Assess the situation;
- If necessary, provide the appropriate first aid response (cleaning of minor cut or abrasion, applying a basic dressing);
- If necessary contact the PHCP for referral of the young person; and
- Advise the Shift Supervisor/Senior YJO of the incident and treatment.

As appropriate, the Case Manager will inform and consult with the young person's parent or care provider of the physical or mental condition.

EXTERNAL MEDICAL APPOINTMENTS

Any non-emergency requirement for a young person to leave a detention centre for a health assessment or treatment must be approved by the Superintendent (refer to [Youth Justice Policy Determination 4.7: Leave of Absence](#)).

A young person should not be informed about the details of the time and location of a health appointment that is outside a detention centre, although staff should inform the young person of the reason for the appointment and the day it is scheduled to occur.

With approval from the Superintendent a young person may have the option to wear his or her own clothing to a health appointment outside a detention centre. Where a young person expresses a preference to wear his or her own clothing, staff must facilitate this.

Staff escorting a young person to a health appointment should, when appropriate, wear clothing that does not identify the staff as employees of a detention centre and carry Territory Families identification at all times.

Refer to [Youth Justice Policy Determination 2.6: Escorts](#).

Management of Medication

YJO's required to assist with dispensing of any medication to a young person must ensure that:

- Medication is issued at the correct times and frequency/intervals (as stated on the package, or as directed by the PHCP)
- The medication is consumed by the young person;
- An accurate record is made on the appropriate register of medication taken or refused, including the time and date it was given (or refused), the name of the person who authorised it, and the name of the person who dispensed it.

PRESCRIPTION MEDICATION

In conjunction with the PHCP, youth detention centres must ensure medications are dispensed in a controlled manner, providing trained staff to supervise and confirm the identity of the young person during the dispensing process. Routine and prescribed medication is distributed through the satellite clinic within the youth detention centre. PHCP staff will administer all routine and prescribed medications to young people each morning and where ever possible before education sessions begin at 8.30am.

Prescription medication must only be given to a young person in accordance with the dosage guidelines prescribed by a medical practitioner. Youth Justice Officers must only provide young people

with prescription medication that has been placed in an approved container and clearly marked with the young person's name, dosage details and instructions regarding how to respond if a young person refuses to take their medication or incorrectly takes their medication. Refusal by a young person to take prescribed medication must be reported to a relevant health professional as soon as practicable.

NON-PRESCRIPTION MEDICATION

The Senior Youth Justice Officer or Shift Supervisor may approve the dispensing of non-prescription medication (e.g. Panadol/Paracetamol) to a young person if appropriate. The Senior Youth Justice Officer or Shift Supervisor must seek advice from the PHCP if unsure of the suitability of the medication. The SYJO or Shift Supervisor must then provide advice to the YJO dispensing the non-prescription medication regarding suitability, dosage and frequency. The YJO giving the medication must record the approval and the reasons for dispensing the medication in the unit journal including details of;

- The name of the young person the medication was provided to;
- The date and time of the provision;
- The reason for the young person requesting medication;
- The name of the YJO providing the medication; and
- The dosage provided.

All staff must be aware that non-prescription medications, if taken incorrectly can be harmful and even fatal. For example paracetamol overdoses can prove fatal. Therefore it is essential to ensure that young people in detention do not have access to non-prescription medications, or the opportunity to 'stock pile' medications over a period of time. Repeated requests for pain medications are to be carefully monitored and reported.

Infectious Diseases

If a health staff member identifies a young person in detention as having contracted an infectious disease they must report it to the Superintendent immediately. If the Superintendent is not available it must be reported to the Shift Supervisor or Officer-in-Charge immediately. The Manager Youth Programs – Superintendent must seek advice from a relevant health professional and issue instructions regarding the safe management of the detention centre. Staff must comply with the instructions.

Health Information

CONFIDENTIALITY

The confidentiality of a young person's health information must be maintained to preserve their privacy. Staff must not disclose a young person's health information without the consent of the young person, unless required or allowed by law to do so, or where the disclosure is in the best interests of the young person.

Refer to [Youth Justice Policy Determination 3.4: Confidentiality and Client Information Management](#).

MANDATORY REPORTING

Section 26 of the *Care and Protection of Children Act* sets out the reporting obligations that apply to all persons in the Northern Territory who have concerns that a child or young person may have been harmed or exploited. Refer to [Youth Justice Policy Determination 5.2: Mandatory Reporting](#).

Discharge Planning

The case management team must ensure that discharge planning for a young person who is about to complete a period in detention includes appropriate referrals and arrangements for the ongoing management of their health and wellbeing.

This includes ensuring referrals and arrangements are made for the ongoing management of the health and wellbeing of a young person who is to be released following a period of remand, where appropriate.