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Sample Policy and Procedures Manual

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Best practice principles

Best practice principles are used as a standard for services to aim for to ensure the best possible service delivery to their target group. Various strategies are used to achieve these standards, such as:

- developing an integrated planning and service provision approach within the sector
- the provision of direct service
- assisting and working with other agencies to provide service programs
- resourcing community groups so that they can meet their own needs.

Service actions are underpinned by these principles:

- provide clients with services which are relevant and appropriate to them
- ensure access, equity, participation and consultation
- provide an effective and efficient service.

A service needs to incorporate strategies in its planning which provides equal opportunities to those sections of the community who, because of lack of information, different cultural backgrounds, socio-economic status, skills and training, find it difficult to access services.

Co-ordination and planning are considered essential in order to achieve flexible, appropriate services and maximise efficient use of resources. Your agency should participate in integrating the planning and provision of services between the various functional areas of key stakeholders (who could include funding bodies, both government and private, local government, other service providers and community groups) and your clients.
Standards for interviews

1. If your client is under 18 years of age, interviews should be conducted in the presence of:
   - parent or guardian of the client, if appropriate
   - other appropriate adults, eg police, teachers, client’s employer, member of the clergy, legal personal representative, etc
   - one or more agency employees.

2. Wherever possible ensure that interviewer(s) are chosen to minimise distress, intimidation and discomfort to the client (eg same gender).

3. Take every care not to place yourself or the agency at risk of allegations of an unsavoury nature (eg sexual harassment, unlawful conduct etc).
Clients’ rights and responsibilities

Clients have rights from, and responsibilities to, the service provider.

Client rights

- Clients should have access to all information about themselves held by the agency.
- Clients should be involved in discussions about their assessment and support plan. They should be aware of all the options available and any fees charged.
- Clients should be made aware of the standard of service they can expect.
- Services should be provided in a safe manner which respects the dignity and independence of the client, and is responsive to the social, cultural and physical needs of the client.
- Clients’ access to services should be decided only on the basis of need and the capacity of the service to meet that need. Clients have the right to refuse a service and that refusal should not prejudice their future access to services.
- Clients have a right to complain about the service they are receiving. They should be made aware of the agency’s grievance procedure.
- Clients’ choices should be discussed and included in the planning and evaluation of the service received.
- Clients’ rights to privacy and confidentiality should be protected.

Client responsibilities

- Clients should let the service know if they are not available for an appointment.
- Clients should act in a way which respects the rights of other clients and agency staff.
- Clients need to take responsibility for the results of any decisions they make.
- Clients need to follow through with the tasks they have agreed to do.
What records do we keep?

We keep written records of clients to detail information about the client and to document the decisions made in providing services to our clients, and to document the reasons for our decisions (that is, what we did and why we did it).

Records of clients need to be kept for many years and may be assessed, in certain circumstances, by others outside of our Agency. For this reason, records must be up to date, accurate, objective and factual.

Our Agency’s records can be assessed by:

- our clients
- other agencies (with client’s permission)
- the police (under certain circumstances)
- courts.

Our Agency gives an undertaking to all our clients to keep information relating to personal issues, medical, family and drug usage confidential.

If a client is to be referred to an external agency, the client’s permission must be obtained before we release any information to others.

Explain to your client that information given to you will form part of records held by this Agency, and may be accessed by Agency workers (other than yourself).

Ask the client to sign our Confidentiality Agreement to acknowledge all of the above points.
Is your client at immediate risk?

The nature of our work means that many of our clients will present in a state of crisis. This means you have to make an assessment of the client’s immediate needs (crisis assessment) and prioritise those needs.

First assess any first aid/medical needs your client may have. Some examples of conditions requiring first aid follow. Please follow the policy on Universal Precautions in the Workplace, when administering first aid. Then check for any evidence or signs of:

- physical injury or illness
- mental illness
- abnormal behaviour
- the client being a risk to self, you, our agency, other clients, society
- any current crisis in client’s life.

Some sample questions to ask are:

- What has brought you here today (eg truancy, domestic violence, assault, legal issues)?
- Have you used any drugs today?
- Have you fallen or had any accidents in the last few days?
- Do you have anywhere safe to go tonight?

Record on the Assessment form the information/details given by the client at first contact with your client. Further information can be added to the record, on subsequent visits.

Ask your client if he/she has had thoughts of hurting him/herself or others. If the client says ‘yes’, question the client to assess the seriousness of the intent, if there is a plan and the means to carry out the plan.

If your client tells you that he/she has taken drugs today, assess your client’s level of intoxication and coherence and refer as appropriate.

You should seek information now about why the client is here today (presenting problem).

To summarise, assess the immediate needs. When you are satisfied that the client is:

- not likely to require emergency medical care.
- not an immediate harm to him/herself or others.
- not apparently suffering from a mental illness.
- sufficiently orientated and coherent,

gather further information from the client (see ‘What information do you obtain?’ section).
First aid

Epilepsy

Epilepsy is a condition where signals between sections of the brain become temporarily scrambled. When this happens, a person has a seizure and may be unconscious for several seconds or minutes. Otherwise a person with epilepsy functions the same as everyone else. Medication, a controlled diet, exercise and stress management may help reduce seizures.

A person with epilepsy may have a seizure:

- that is completely unrelated to drinking
- because of drinking alcohol or if they are withdrawing from alcohol (this may happen 7 – 48 hours after they have finished drinking)
- if they have drunk too much liquid, eg water (potentially a problem with people taking ecstasy)
- because of interrupted sleeping or eating patterns.

If after applying basic first aid and observing infection control procedures (wearing latex gloves and mopping up bodily fluids with paper towels and disposing of these in a separate rubbish bag), the client does not rapidly recover, call an ambulance.

(Reference: British Epilepsy Association website – http://www.epilepsy.org.uk)

Diabetes

Diabetes occurs when the pancreas produces less insulin than is required by the body. The body needs insulin to help sugar from food enter cells, which then provides energy.

Possible evidence of diabetes may be:

- collapse (if the level of insulin drops to a very low level)
- injection marks in the hands
- presence of injecting equipment (diabetics inject insulin)
- the presence of small cuts and bruises on their body
- obesity.

Diabetes is common in:

- Aboriginals or Torres Strait Islanders
- people over 45 years old.

If the client collapses, call an ambulance.

(Reference: Canadian Diabetes Association website: http://www.diabetes.ca)
Universal precautions in the workplace

- Cover all cuts and sores.
- Use disposable gloves when handling bodily fluids.
- Use bleach for blood spills, preferably powdered bleach (check the use by date).
- Wash hands with soap and water.
- If cut, bleed the cut and wash it.
- Rinse the eyes and mouth if exposed.
- When soiling is likely, use an apron or gown (disposable is advisable).
- Use paper towel for blood spills and dispose of separately.
- Do not use linen or cotton towels.
- Use plastic glasses if splashing is likely.
- Dispose of needles in a sharps container.
- Never overfill a sharps container (3/4 full is quite enough).

What to do if you think you have been infected with a blood borne virus

- Report and document the event. Reporting the incident is an OH&S responsibility.
- Identify the source of contamination if possible. Where did the contamination originate, for example, a cut, sexual activity, assault?
- See a health practitioner/family planning service/Melbourne Sexual Health/community health centre. Consult a health professional/agency to determine the appropriate response.
- Have a risk assessment undertaken. A risk assessment should help you to decide the most appropriate course of action.
- Seek counselling. Counselling helps clarify your response.
- Have tests. Most tests take up to three months to be fully reliable.
- Prophylaxis and vaccination. Prophylaxis involves taking HIV medication soon after potential infection in order to diminish the likelihood of infection. While it is not possible to immunise against HIV and Hepatitis C, it is possible to deal with Hepatitis A and B in this manner.
What information do you obtain?

Having assessed that your client is not at immediate risk (crisis assessment) you should seek to gain more information from your client.

Obtain your client’s:

- name
- age
- date of birth
- current address
- contact telephone number
- referral source.

Collect details only if your client informs you of a specific illness.
Details of prescribed medication

Specify medication(s):
________________________________________________________________________
________________________________________________________________________

Prescribed dose:
________________________________________________________________________
________________________________________________________________________

Taking medication as prescribed?
________________________________________________________________________
________________________________________________________________________

(Yes / No – if no, reason?)
________________________________________________________________________
________________________________________________________________________

Duration of treatment?
________________________________________________________________________
________________________________________________________________________
Reason for prescription?


Prescribing doctor/health practitioner:


Family situation

Many clients have been exposed to extensive drug use, neglect, physical abuse, sexual abuse and psychiatric illness in their family.

Gather information about:

- name, age and sex of members in the family
- any drug use by family members
- any psychiatric (diagnosed or suspected) history in the family
- evidence of traumatic/conflictual family patterns, events or experiences.

Questions you could ask to gain this information are:

- Can you tell me the age, name and sex of the members of your family?
- Does anyone in your family now or have in the past taken drugs of any kind (including tobacco and prescribed medications)?
- Has anyone in your family ever seen a psychiatrist, psychologist or suffered any mental/emotional problems?
- Are you in regular contact with your family?
**Medical/physical assessment**

Collection of medical information from clients need only be sufficient for dealing with emergency situations and/or for appropriate referrals to be made.

Problems of a medical nature will need to be noted by you, however, the client should always be referred for an examination by a medical practitioner.

**Medication**

It is important to take a record of current medications being taken (and prescribing doctor) and any medications taken in the past for significant periods of time. This can be recorded in a table format, as previously shown.

**Physical appearance**

Clients’ physical appearance at the time of interview is one piece of evidence that when linked in with the overall assessment can help to narrow down your assessment (this is also covered in the mental status examination). Areas you would cover may be their appearance, posture, gait (how they walk), type and state of clothing and grooming.

**Physical state**

The client’s physical state, including his/her current health, fitness, evidence of malnutrition and so on helps you to formulate an assessment and case management plan that would be suitable for the client. This may also alert you to possible areas of crisis relating to the client’s health, eg malnutrition.

Questions to ask could include:

- Are you taking any medications at the moment? If yes, who is the prescribing doctor, how long have you been taking medication and at what dose?
- How is your health at the moment?
- What accidents or illnesses have you had in the past?
Social issues

It is important to assess the client’s ability to sustain social networks and responsibilities. Gaining a greater understanding of your client’s social networks may alert you to issues of loneliness, bullying, isolation, gang involvement or other concerns.

Areas you need to cover include the following.

Accommodation

Does the client have a stable and safe place to live?

Employment

Is the client working? If so, where?

Is the client currently a student? Note details.

Finance

What is the client’s financial situation?

Legal history

Includes all past offences, fines, charges, Children’s Court, time spent in prison and legal orders. This gives you a good understanding of past legal offences which is valuable information for your own safety and helps you make an assessment.

Current legal problems

Includes any current charges or legal orders, matters currently being heard by the courts or issues pending. This information can help you ascertain their motivation and other issues you may need to include in your case plan.

Some examples of questions that would help you gain this information are:

• Take me through a typical day?
• How is everything at home?
• Do you have any current legal problems?
You will have noted that some information you need to obtain from your clients may not be possible to obtain immediately. Information on a client’s mental health, for example, may need to be collected from a psychiatrist/ medical practitioner (sample form follows). When this is the case, a subsequent or follow-up interview should be arranged with your client.

A further assessment can then be made by you.
Sample psychiatric assessment form

Previous psychiatric history:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

General presentation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Abnormal thought processes (eg confusion):

________________________________________________________________________

________________________________________________________________________

Style of relating (eg evidence of attention problems):

________________________________________________________________________

________________________________________________________________________

Coherence/level of consciousness:

________________________________________________________________________

________________________________________________________________________
Sample psychiatric assessment form

Mood:

Impact of substance use on mental state:

Suicide/self-harm risk assessment (tick applicable items):

<table>
<thead>
<tr>
<th>Item</th>
<th>□</th>
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</thead>
<tbody>
<tr>
<td>Sense of hopelessness/worthlessness</td>
<td></td>
</tr>
<tr>
<td>Ideation (do you ever think about killing/harming yourself?)*</td>
<td></td>
</tr>
<tr>
<td>Intent (do you want to kill/harm yourself?)</td>
<td></td>
</tr>
<tr>
<td>Plan (how would you do it?)</td>
<td></td>
</tr>
<tr>
<td>Lethality (is the method likely to be lethal?)</td>
<td></td>
</tr>
<tr>
<td>Accessibility?</td>
<td></td>
</tr>
<tr>
<td>Previous attempts?</td>
<td></td>
</tr>
<tr>
<td>Suicide/attempted suicide of significant other?</td>
<td></td>
</tr>
</tbody>
</table>

* If evidence of suicidal ideation, include it on the summary sheet
Sample psychiatric assessment form

Is a full psychiatric assessment required? Yes / No

If yes, the form ‘Current Mental State’ is to be completed by a psychiatrist, psychologist or other appropriately qualified clinician.

Comments

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Current mental state

NOTE – This form is to be completed by a psychiatrist, psychologist or other qualified individual with psychiatric training.

Appearance (eg physical presentation, conscious state):

________________________________________________________________________________________

________________________________________________________________________________________

Behaviour (eg psychomotor activity, mannerisms, social appropriateness):

________________________________________________________________________________________

________________________________________________________________________________________

Conversation (eg form/coherence, flow, content/themes):

________________________________________________________________________________________
Sample psychiatric assessment form

Thought disorder (eg delusions):

________________________________________________________________________

________________________________________________________________________

Perceptual disorder (eg hallucinations/illusions):

________________________________________________________________________

________________________________________________________________________

Mood:

________________________________________________________________________

Intellectual functioning (memory, attention, orientation, insight):

________________________________________________________________________

________________________________________________________________________

Comments

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Sample psychiatric assessment form

<table>
<thead>
<tr>
<th>Currently receiving treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

Name: __________________________
Contact No: ____________________
Psychological/emotional assessment

Your assessment should also include looking for psychological disorders and the current emotional state of your client. This is important for making an appropriate referral.

You should note down your observations on the following.

General appearance

This includes the client’s facial expression, clothes worn, personal care and general physical condition (this is also covered in the medical assessment).

Behaviour

Is the client behaving in a cooperative or uncooperative way, does he/she describe any strange or problematic behaviours and what is the client’s present level of activity?

Mood

What is the client’s emotional state like in the session and outside the session generally? Is it high, low, appropriate to the situation, does it fluctuate, and does the client’s description of how he/she feels match your observations?

Cognitive functioning

What is the client saying and how is it said (is the speech, slow, fast or interrupted)? The content of speech could indicate the client is experiencing delusion. A delusion is a fixed false belief that cannot be changed by logic and does not correspond to the client’s social/cultural background. Common examples of these are persecutory delusions (someone is after me), grandiose delusions (I have special powers) or the belief someone or something is interfering with your thoughts.

Level of awareness

This covers a wide range of variables. Firstly does the client know who he/she is, where he/she is and what day/date it is (also covered in immediate needs)? Is the client’s memory working properly, for example can he/she remember things from a few moments ago (short term memory) and things from history (long term memory)? Is the client experiencing any hallucinations (things occurring that are not really there) for example, seeing things (visual hallucinations) hearing things (auditory hallucinations) or feeling things in or on his/her body (somatic hallucinations)?
Assess the client’s current emotional state

You need to know exactly what the client is feeling at the time of the interview (sad, happy, angry, hopeless, interested). This can be done using the information above under the heading of mood or by simply asking the client at the end of the session, How do you feel right now (or generally)?

History of mental illness in the family (if not covered so far)

Questions that you can ask at this stage of the assessment are:

- How have you been feeling recently?
- Is there anything that is causing you problems at the moment?
- Is anything happening to you at the moment that you cannot explain?
- What do you think is going on at the moment?
- How do you explain what is going on at the moment?
- Has anyone in your family experienced a mental illness?
- How do you fill in your days?

Making an assessment

When you have gathered sufficient information from your client to understand the issues confronting them, you can proceed to make an assessment and formulate a case management plan.
Judging priorities of needs

Needs are prioritised according to the need we can address immediately (high priority), the need that is a priority but not urgent (medium priority) and the need which can wait (low priority).

In our Agency we use the following priority scale:
- medical/first aid intervention
- physical – food, shelter, safety
- psychological/emotional issues
- legal issues.

In dealing with the priorities of your client, it may be necessary to meet the highest priority first and then to follow up at a later date or refer the client on to other agencies.

In judging the priorities of your client, you need to know the following.
- What the client wants.
- What state the client is in. This involves observation and listening skills.
- What social support system the client has, eg relatives, friends.
- What the client needs, eg shelter, food and safety.
- The effects of alcohol and other drugs on individuals.
- Basic information on mental illness/disabilities and their effects on individuals.
- Support services and other relevant professionals.
- Agency policies and procedures relating to the safety of the worker, client and others.

Skills you might need:
- an interpreting service if required
- the ability to involve client(s) as much as possible in judging their own priority of needs
- decision making ability.
**Client management plan checklist**

In determining your plan, have you considered the following needs?

<table>
<thead>
<tr>
<th>Immediate needs</th>
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<tbody>
<tr>
<td>First aid/medical</td>
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<tr>
<td>Intoxication</td>
<td></td>
</tr>
<tr>
<td>Risk to self, others</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Shelter, safety</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other needs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical condition of client</td>
<td></td>
</tr>
<tr>
<td>Prescribed medications</td>
<td></td>
</tr>
<tr>
<td>Social/family</td>
<td></td>
</tr>
<tr>
<td>Drug history</td>
<td></td>
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<tr>
<td>Psychological/emotional</td>
<td></td>
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<tr>
<td>Childcare</td>
<td></td>
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<tr>
<td>Legal</td>
<td></td>
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</tbody>
</table>
Referral policy

From time to time, this Agency has in place various agreements with other agencies for the referral of clients.

Please check with your Supervisor/Manager for an up to date listing.
Sample sexual harassment policy

Our Agency’s position is that sexual harassment is a form of misconduct that undermines the integrity of the employment relationship. All employees have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment. Anyone engaging in harassing conduct will be subject to discipline, ranging from a warning to termination.

What is sexual harassment?

Sexual harassment is defined as any unwanted physical, verbal or visual sexual advances, requests for sexual favours, and other sexually oriented conduct which is offensive or objectionable to the recipient, including but not limited to epithets, derogatory or suggestive comments, slurs or gestures and offensive posters, cartoons, pictures, or drawings.

When is conduct unwelcome or harassing?

Unwelcome sexual advances (either verbal or physical), requests for favours and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- submission to such conduct is either an explicit or implicit term or condition of employment (e.g., promotion, training, timekeeping or overtime assignments)
- submission to or rejection of the conduct is used as a basis for making employment decisions (hiring, promotion, termination)
- the conduct has the purpose or effect of interfering with an individual’s work performance or creating an intimidating, hostile, or offensive work environment.

What is not sexual harassment?

Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive, that debilitates morale, and therefore interferes with work effectiveness.

What should you do if you are sexually harassed?

If you feel that you have been the recipient of sexually harassing behaviour, report it immediately to the owner of (agency name) or other supervisor. It is preferable to make a complaint in writing, but you can accompany or follow up your verbal complaint with a written complaint.

If your supervisor is the source of the harassing conduct, report the behaviour to that person’s supervisor or to the agency director. Your identity will be protected and you will not be retaliated against for making a complaint.
What happens after a complaint is made?

Within seven days after a written complaint is made, a supervisor or other person designated by the agency will investigate the complaint. The person will speak with possible witnesses and will speak with the person named in your complaint. Your anonymity will be protected.

Depending on the complexity of the investigation, you should be contacted within four days about the status of your complaint and whether action is being taken.

Reference: http://client.lycos.com/cch/tools/sxhrsplc.rtf
Managing drug affected behaviour

If a young person returns to the agency under the influence of a substance, the staff member on duty should assess the situation and act so as to both protect other clients and the staff member and ensure the safety of the substance affected young person. The guidelines to be followed are listed below.

- Do not allow the young person to enter the agency if he/she is acting aggressively. However, call for assistance from a co-worker or on-call staff.
- If you are concerned about the young person’s health or safety, call for assistance from a co-worker, on-call or ambulance.
- If the young person is not behaving aggressively, allow him/her to enter the agency.
- If you have any concerns about the young person’s health or well being they must be monitored. (This would be necessary if the young person has taken significant amounts of substances or if there are mental health issues such as suicidal ideation.) If monitoring is required on-call should be contacted, and the young person observed every 10 – 15 minutes.
- If the young person becomes aggressive after entering the agency, act to ensure everyone’s safety and press the duress alarm for back up.
- Try to calm the young person by keeping calm and talking in a controlled voice until back up arrives.

Restraint of a young person under the influence of alcohol or drugs should be avoided.

All instances of young people being substance affected should be reported to the case manager, using the substance abuse checklist.
Guidelines for use of restraint

Physical restraint refers to any staff member holding a young person so as to prevent harm to him/her or others, or damaging property.

Staff who have not had training in violence prevention should not practice restraint. Staff who have not had this training should remove themselves from the situation and call the police if necessary.

The following guidelines must be observed when restraining a young person.

- Restraint is allowed only in the following circumstances:
  - to protect the young person from causing serious harm to him/herself or others
  - self defence
  - to confiscate dangerous substances or articles
  - to prevent a young person causing significant damage to property
  - to move a young person to a ‘time out’ situation, so as to prevent serious harm or significant property damage.

- Restraint must never be used as a punishment.
- Chemical or mechanical restraint must never be used.
- Restraint must be used as a last resort.
- The force used must be reasonable and not be more than the minimum required to contain the situation.
- Restraint should not be used when the young person has a height or weight advantage.
Passive physical restraint

Physical restraint is to be used only in emergency situations in which a client is in danger of harm either to self or others. Staff should be aware of some very specific guidelines when employing a restraint technique.

A staff member should never begin a restraint unless they are certain that the restraint will be carried out successfully. It is potentially dangerous to the client and staff to struggle to no avail. If restraint is needed on a difficult client, other staff members should be called. It is not appropriate for one client to restrain another.

The following is a guideline to use with passive physical restraint.

- A recommended restraint position is to place the client face down with the staff’s shins on the client’s thighs. The client’s hands should be held by the wrist to the client’s side or behind the back.
- Another recommended restraint position is to place the client face down with the staff member’s shins on the client’s upper arms and with the staff member in a squatting position over the client’s shoulders.
- The client should be held until there is enough control exhibited by the client for the staff member to relax his/her grip.
- As the client begins to regain control, the staff member should release one limb at a time to test if in fact the client has regained control.
- After the legs/arms have been released and the staff member is no longer in a restraining position, the client should be required to lie quietly for at least five (5) more minutes without being held.
- If the client can complete these steps then the staff member should allow the person to sit in a chair for at least ten (10) minutes.
- If the client is now calm then it can be permitted that the person get up and either stay with staff or go to a room. Remember, a staff member must be close by.
- At any point in this procedure that the client thrashes or refuses to do as told, restraint should begin again and procedure should start over.

When a restraint has been necessary the staff involved and any other staff members witnessing the restraint must document it thoroughly. (See Record Keeping.)

In a rare instance when a client is extremely out of control, trying to commit suicide, trying to kill someone else or in any other way posing a clear and present danger to him/herself or others, it may be necessary to notify the police and have them remove the person. This action is reserved for only the most severe incidents and the Director of the Agency, Administrator, (or a designated person) should be contacted immediately.
Reporting critical incidents

Critical incident report forms are located in the office. The form should be completed and faxed to the appropriate authorities as soon as possible after the incident. In most cases on call should be contacted if a Category 1 or 2 incident occurs.

Classification of incidents

- Category 1 incidents are the most serious, and include death, serious injury, alleged sexual assault, attempted suicide or major fire.
- Category 2 incidents threaten staff and clients in a non-lethal way and have important implications for the well being of individual clients and/or the management of the agency.
- Category 3 incidents are ones where the normal routine of the agency is disrupted, but the agency staff can deal adequately with the situation.

Report structure/requirements

- Reports should contain all relevant facts about the incident and follow up. Sufficient information should be given to enable those reading the report to assess the situation and decide if further action is required.
- Staff should not include their personal opinions or feelings about the incident.
- Reports should be legible.

Absconding

A young person will be considered to be missing from placement if they have not returned two hours beyond their curfew or pre-arranged time of return. When a young person is missing from the placement the following procedures will apply.

- When the young person is missing during normal hours the case manager will discuss the most appropriate response with the supervisor. The response may include one or more of the following:
  - a visit by the case manager to the young person’s likely location
  - phone calls to the young person’s networks to check on their whereabouts and to seek assistance with locating them
  - a phone call to the family to inform them that the young person is missing and to seek assistance with locating them
  - a call to the police to lodge a missing person’s report
  - where there is immediate concern for the safety of the young person, a call to the relevant authorities to discuss an application for a warrant.
• If a young person is missing out of hours the on call staff member will consider notifying the central After Hours Child Protection Service to inform them that the young person is missing (in addition to the range of possible responses listed above).

When a young person is missing an incident report should be completed at the earliest possible opportunity.

When a young person returns to placement the case manager should inform all parties who need to know, including statutory authorities and the family, and should arrange for any unexecuted warrants to be cancelled.
Support for staff

On call

All agency staff have access to an after hours number for support and guidance if ‘out of the ordinary’ events happen. A copy of the guidelines for the use of on-call is attached. Within our agency on-call is shared between the case managers and the coordinator.

To ensure that the person on call has the necessary information to deal with crises that may occur, each case manager ensures that basic information about each of the young people on their caseload is included in the on-call kit. If it is anticipated that there may be problems with a particular young person, this information should include a crisis plan.

Debriefing

Working with young people can be extremely rewarding but it also has the capacity to be very stressful. Incidents may affect the well being of the staff member(s) involved. Prompt debriefing can assist the worker to recover quickly from stressful experiences. Sometimes debriefing can happen within the normal processes of supervision but some experiences may be better discussed with an external debriefer.

If you are involved in any particularly stressful incident, or there have been a number of incidents which are having a mounting affect on you, discuss with your supervisor the availability of debriefing or other support to assist you.

Supervision

All agency staff should have regular supervision with the unit supervisor. The supervisor should have regular supervision with the case manager assigned to the unit. The purpose of supervision is to give staff the opportunity to discuss issues arising from their work, develop strategies and identify their professional development needs (eg training).

Supervision should take place on a fortnightly basis, with times allocated in advance to fit in with rosters. If a supervision appointment has to be cancelled (due to a crisis, training or other reason) an alternative time should be made as soon as possible (rather than deferring to the next allocated time).
Out of hours availability

This Agency operates Monday to Friday, 8.00am to 6.00pm. It does provide an on-call facility for clients with emergency situations. Client Case Managers are rostered to take these calls (On-Call Case Manager).

When rostered, Case Managers will use the Agency mobile telephone and pager. Calls received that require urgent attention will be dealt with by the On-Call Case Manager, other calls will be referred to the appropriate agency/Client Case Manager as soon as practical, within normal hours.

Workers must not provide personal telephone numbers to clients or give out their home addresses.

The on-call number is to be provided to clients at the discretion of the Case Manager.
The human element – policies regarding working with the public

Government policies (and therefore organisational policies) need to pay particular attention to services that deal with people. Every member of our society has particular rights and these must be protected at all times – particularly in services or industries that deal with the public, where workers often become aware of some very personal details. There are many legislative acts, procedures and policies that relate to public service, and your organisational policy will incorporate those that apply to your specific area of service delivery. Three areas that are commonly confronted in the Youth Work field are:

- information privacy
- duty of care
- child protection.

Information privacy

In the Youth Work field, there are many situations where personal information must be gathered in order to provide the most appropriate assistance to a client. For example, it is often necessary to collect information about the client’s medical history, drug use, family structure and residential status so that you have a greater understanding of their current situation and high priority needs. This also helps to ensure that you do not allocate resources where they are not really necessary (for instance, finding short term housing for a client who has alternative accommodation).

The records that any service keeps about clients must be treated as sensitive information. They are often highly personal and may contain details that people would prefer to keep to themselves. This is of particular concern in a society such as ours, where technology has led to the development of electronic storage and online transfer of information, which is viewed by some people as less secure than the more traditional methods of storing information. In the future, possible initiatives such as 'smart cards' and Internet data storage may cause even greater concerns.

Legislative frameworks or policies developed by state governments guide the use, disclosure and storage of information in that particular area. Several states do not currently have their own legislation, and operate under the framework of the Commonwealth Privacy Act 1988. The relevant documentation is summarised below.
Commonwealth | Privacy Act 1988
---|---
New South Wales | Privacy and Personal Information Protection Act 1988
Australian Capital Territory | Privacy Act 1988 (Commonwealth)  
ACT Health Records (Access and Privacy) Act 1997
Victoria | Information Privacy Principles  
(Privacy Amendment (Private Sector) Bill 2000 under development)
Northern Territory | Privacy Act 1988 (Commonwealth)  
(Territorial privacy legislation under development)
South Australia | Privacy Act 1988 (Commonwealth)
Tasmania | Privacy Act 1988 (Commonwealth)
Queensland | Privacy Act 1988 (Commonwealth)
Western Australia | Privacy Act 1988 (Commonwealth)

**Note for learners**

The laws and regulations addressing these issues are quite detailed. Many different acts have been developed to cover different aspects and these often overlap certain areas. For example, information privacy clauses with relevance to the Department of Human Services in Victoria are included in over fifty separate acts!

It is important to be familiar with the information privacy framework that governs your specific workplace, as should be outlined in your organisation’s policy document. Ask your manager to guide you through these procedures and find out how they apply to you.
Duty of care

The Youth Work field is all about helping people. The industry is very client focused and involves thousands of workers doing their best to improve the quality of life for other members of society. Obviously, a caring nature is a valuable (if not essential) character trait for workers to possess. However, as with many other branches of the public service, caring for other people is not just a philosophy – it becomes a legal duty.

As a youth worker, you owe a duty of care to anybody who is reasonably likely to be affected by the activities of your service. This means that you must take reasonable care to avoid causing harm to such people, remembering that sometimes failure to act in a certain situation may in itself be a cause of injury.

Under various laws addressing negligence, if a worker fails to provide care to a client, the ramifications can range from dismissal to legal prosecution. This means that by operating or working for a community service, you are accepting the responsibility to provide assistance to anybody who requires it, within the framework of your organisation’s operations.

This position is not as daunting as it may seem – the law of negligence does not impose an impossible situation of responsibility upon workers, nor does it expect you to be perfect in your delivery of service. It merely requires you to do everything reasonable to meet your duty of care.

The concept of reasonableness is very important in this area. In order for your actions to not be seen as negligent, your actions must be seen as consistent with how a reasonable person would have acted in a similar situation. The definition of a hypothetically ‘reasonable’ person will depend upon your position. If you are a health professional with specialist skills or training, the hypothetical person would be somebody of similar training. If you are a person new to the field, your actions would be compared to any other ‘reasonable’ person new to the field.

As you could imagine, this definition is not exactly easy to work with. What is a reasonable person? How would a reasonable person act? Who is to say whether or not a particular response is necessarily reasonable?

Note for learners

Once again, your organisation’s policy is the best resource for information on exactly how duty of care affects your duties.
Confidentiality

Service users have the right to personal privacy, privacy in communications and confidentiality of and access to service records and information pertaining to themselves. Service users should know that they have control over the information they provide. Information disclosed to workers by service users needs to be treated and used with trust and respect. Only relevant information should be collected and recorded about service users.

Confidential information may be disclosed to other staff within the relevant team. The service user needs to be assured that the information remains within the team and is not disclosed to other persons outside the team without their permission.

Confidential discussions within the agency premises should be held in a private office.
Informed consent

A client should give permission for any information about them or their children to be given to another agency. Wherever possible this permission should be in writing. When it is not possible to gain consent in writing, eg, if the contact is by phone, the worker should make a note in the case file recording the details outlined in the consent form. This process should also happen if you are seeking information from another agency.

Exceptions to consent

‘Duty of care’ means that every worker owes a duty of care to every other person who is likely to be injured by the worker’s action or failure to act. The law requires professionals to take all reasonable care in carrying out their work and ensure that appropriate standards of care are met. The appropriate standard of care is assessed on what action a reasonable person would take in a particular situation. A client’s right to confidentiality may need to be breached by the service if duty of care issues arise.

Examples of duty of care issues are child abuse cases, if a person is at risk of self harm or hurting someone else, or if they are not fully conscious or aware.

You may find that there are times when it is not possible or appropriate to gain consent before contacting another agency. These times are extreme and would only happen when you have a duty of care to involve another agency with or without the client’s consent.

Workers need to use their professional skills and experience to decide on what actions they should take in each situation of potential harm. Where possible, decisions should be discussed with your line manager.

Factors to be considered include:

- the risk and likelihood of harm
- the sorts of injuries that could occur and an assessment as to the seriousness of those injuries
- precautions that could be taken to minimise the risk or harm or seriousness of the injury
- the usefulness of the activity involving risk
- current professional standards about the issues.
Child protection

Protecting children is an important issue for many areas of service provision. Most of us feel quite strongly about the rights and safety of our children, and this sentiment is reflected within the public service by the establishment of detailed child protection policies. Each state government has developed legislative and policy frameworks outlining the protection of children from physical or sexual abuse and the responsibilities of public servants in the identification and prevention of such occurrences.

When a certain profession is required by law to report suspected cases of child abuse or neglect, it is referred to as ‘mandatory reporting’. In all states, medical practitioners and registered nurses are required to report suspected cases of child abuse. Other professionals, such as teachers, school principals, health workers and social workers are also directed to report such cases. However, whether this is a legislative requirement or a policy position varies between states. For more information, consult the legislation relevant to your area.

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