



**Positive Change  
Client Management  
Operations Manual  
2006/2007**

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# Part A. Introduction

## Overview

Welcome to Positive Change's *Client Management Operations Manual (2006)*. The purpose of this document is threefold (see Figure 1 below) and this document is of relevance to all persons who work with clients through involvement with Positive Change (see Figure 2 below).

As employees and volunteers of Positive Change we hold a special position of trust. We are engaged at the expense of individuals, organisations and the general public through donations and government grants, for the benefit of vulnerable persons in the community. In our respective roles, we exercise powers that have a significant impact on the lives of clients, their parents, families and the general community. These persons expect and trust that employees and volunteers of Positive Change will exercise their responsibilities appropriately and in accordance with prudent stewardship.

This document sets the context of our work, including how our work is to be performed, and how we should conduct our relationships with clients and others. This document provides direction and guidance on our responsibilities as employees and volunteers and how we should use the powers and discretion that come with our positions. It also establishes standards for our conduct and performance that are consistent with attaining the mission of the organisation.

## Persons to whom this document applies

This document applies to and binds all employees (casual or permanent) and volunteers of Positive Change who interact with clients. Figure 2 shows the positions that are required to abide by the standards outlined in this document.

## When this document applies

The requirements of this document apply whenever an employee/volunteer has interaction with a person whom he/she has met through involvement with Positive Change. This includes when an employee is on leave. The primary focus of this document is concerned with the performance of work related duties. However, it is the case that, for the purposes of determining liability for disciplinary action, misconduct will include disgraceful or improper conduct in a private capacity that has the potential to harm a client/former client or that reflects seriously and adversely on the organisation.

## The consequences of breaching the standards outlined in this document

As employees and volunteers of Positive Change we hold a special position of trust and, as such, must remain accountable for our actions. Consequences of inappropriate behaviour and breaches of the standards outlined in this document could include an informal reprimand, a formal reprimand or ultimately the termination of employment/volunteering. A relevant member of the management team will decide what action will be taken when an employee, volunteer or other applicable person fails to abide by the standards outlined in this document.

## Obtaining information and advice in regards to this document

All employees and volunteers of Positive Change to whom this document applies should read this document prior to or as soon after engagement as possible. Advice and support regarding the standards outlined in this document and ethical issues may be obtained from your supervisor. Figure 2 illustrates the lines of supervision.

## Updating this document

This document aims to be a current and relevant publication that supports us as employees and volunteers in the proper performance of our duties. Positive Change welcomes recommendations for future revisions of this document. These recommendations should be forwarded in writing to: Client Management Policy Officer, Positive Change, PO Box 888, West End QLD 4101.

Figure 1: The purpose of this document

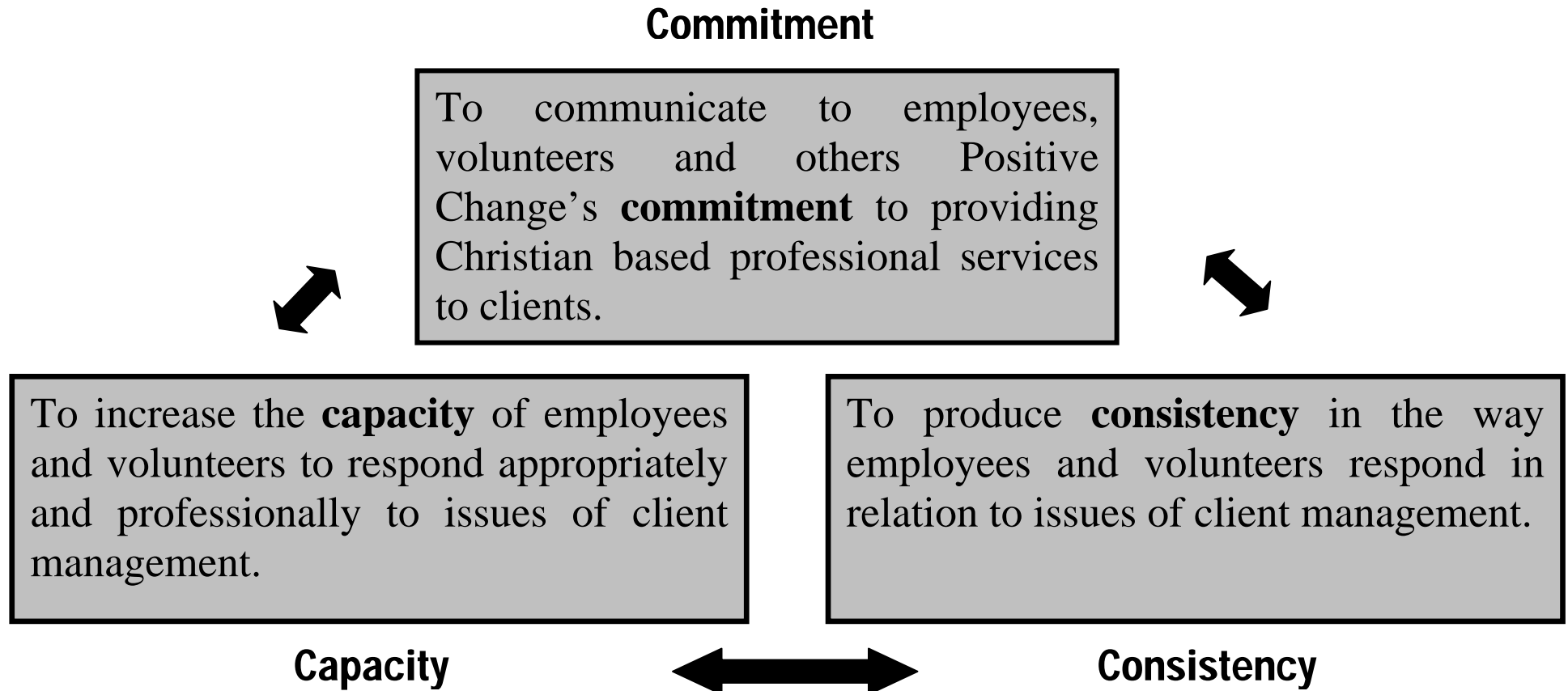
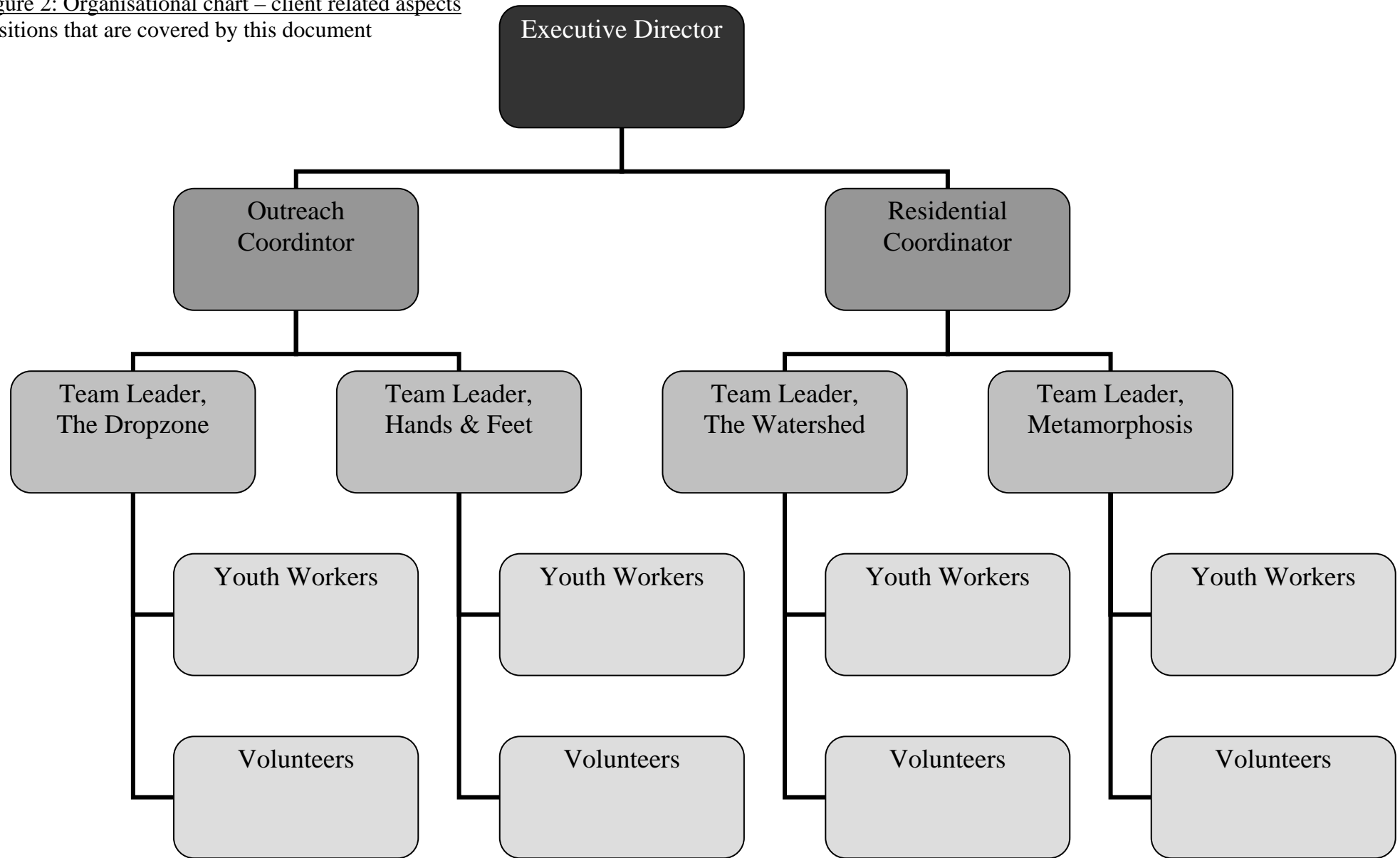


Figure 2: Organisational chart – client related aspects  
Positions that are covered by this document



## Statement of commitment

Positive Change is committed to providing professional Christian-based services to clients. There are a number of ways that Positive Change ensures the provision of such services. These include:

- providing service delivery that is developed in accordance with the Christian ethos and is evidence based, timely and tailored to meet individual needs
- documenting policies and procedures to guide the practice of employees and volunteers
- setting minimum standards for employees/volunteers (these are outlined below)
- providing regular debriefing and supervision that focuses on personal support and pastoral care as well as administrative issues
- providing training and professional development opportunities for employees and volunteers
- ensuring employees/volunteers have a manageable caseload.

### Minimum standards for employees/volunteers

It is essential that employees who engage in work with clients possess:

- a Senior First Aid Certificate (CPR up to date)
- a Working With Children Suitability (blue) Card, and, if the card was not issued through Positive Change, confirmation of the validity of the card
- a Certificate IV in Youth Work or its equivalent (current employees will be assisted to attain this qualification)
- a current drivers licence sufficient to undertake work duties.

It is essential that volunteers who engage in work with clients possess:

- a Working With Children Suitability (blue) Card, and, if the card was not issued through Positive Change, confirmation of the validity of the card
- certification that he/she has attended one of the following: a) Outreach Worker Training, b) The Watershed Volunteer Training, c) Metamorphosis Volunteer Training.

It is preferential that volunteers who engage in work with clients possess:

- a Senior First Aid Certificate (CPR up to date)
- a current drivers licence sufficient to undertake work duties
- a Certificate IV in Youth Work or its equivalent.

# Part B. Client Management Code of Conduct

## The mission of Positive Change

Positive Change aims to provide Christ-centred care for at-risk young people by helping to meet their physical, emotional, social and spiritual needs while fostering positive development.

## The values of Positive Change

Integrity	Our commitment to Godly stewardship and to moral principles including honesty, equity and justice.
Respect	Offer love and acceptance unconditionally to all colleagues and clients.
Excellence	To provide quality services equal to or greater than the community's expectation.
Pastoral care	Being sensitive to the needs of the individual and committed to providing genuine support.
Christian faith	The foundation of Positive Change's philosophy and its delivery of services.
Godly character	Encourage personal development consistent with biblical standards of moral conduct, attitude and lifestyle.
Relationships	Meaningful partnerships and connections between individuals and groups committed to the vision of Positive Change.
Leadership	The role of pastoral and strategic leadership is essential for the fulfilment of Positive Change's vision.

## The principles of Positive Change

This Code of Conduct sets out the principles that underpin the values of Positive Change that guide our duties. These principles are:

1. Respect (to offer love and acceptance unconditionally)
2. Safety (to protect against damage, error, accident or harm)
3. Legality (to act within all applicable legal statutes and guidelines)
4. Participation (to encourage positive engagement with other individuals, families, communities and society in general).

Each principle creates obligations for employees and volunteers. The Code expands on these obligations by establishing standards for conduct that are applicable to the organisational context. The Code aims to be clear and concise in its standards aiming to avoid confusion or misunderstanding about organisational expectations.

The Code is to be interpreted in relation to relevant policies and procedures also outlined in this document.

## **Principle 1: Respect**

In order for Positive Change to fulfil its mission it is essential that we have positive relationships with those we contact in the course of our duties. It is impossible to have positive relationships with others if we do not demonstrate respect for these people.

Our daily interactions with others reflect on Positive Change and on us as individuals. It is therefore important to our individual and collective reputation that we conduct our relationships in a professional and respectful manner. Employees and volunteers whose work involves interacting with clients have a special responsibility to provide an appropriate role model. Modelling effective leadership in our interactions with clients can have a significant impact upon their personal and social development.

### Obligations:

1. Treat all persons with respect regardless of the individual's age, gender, culture, ethnic background and religious beliefs

In practice this will involve:

- listening to and seeking to understand different points of view (this does not mean that we must agree with the point of view, only that we seek to understand it)
- accepting individual differences and beliefs without prejudice – judging people on their character, abilities and conduct only, not on factors such as age, gender, culture, ethnicity, religion, economic status and mental faculties
- valuing and acknowledging the contributions made by others
- giving feedback in a manner that is considered and sensitive to the feelings of others
- managing workplace conflict in an appropriate manner that seeks to create constructive and positive outcomes
- working co-operatively and collaboratively with others to achieve common goals and an harmonious work environment
- supporting the personal and professional development of others
- allowing people to make informed decisions about their own lives
- encouraging existing supportive frameworks
- promoting and valuing diversity and difference
- ensuring that the expression of our religious values, culture and lifestyle is appropriate.

2. Ensure that conversations with and about clients demonstrate respect

In practice this will involve:

- listening actively to and taking notice of what a client has to say
- responding politely to each client
- speaking positively about clients whether to his/her face or behind his/her back.

3. Ensure that decisions that affect others are fair, reasonable, honest, impartial and just

In practice this will involve:

- making decisions in a manner that is free of bias and prejudice (including how you are feeling about the situation)
- making decisions taking only relevant factors into consideration
- making decisions that are transparent and accountable

- making decisions in a manner that will be to the benefit of others rather than to the benefit of oneself
- making fair and equitable decisions regarding all concerned.

4. Ensure that we do not abuse the position of trust we are in

In practice this will involve:

- adhering to accepted ethical standards
- adhering to accepted legal standards
- providing quality services equal to or better than the community's expectation
- ensuring that our work duties are performed competently
- assessing skills and knowledge regularly and taking inventory of skills possessed against skills required
- seeking out training that will address any area/s of weakness
- ensuring that all our work duties are performed willingly and with good grace
- adhering to accepted moral standards as outlined in the Bible.

## Principle 2: Safety

In taking up the position of employee/volunteer with Positive Change we have agreed to perform the duties entrusted to us in a responsible manner. We agree to exercise proper application, care and attention, remain accountable for our decisions and actions and exercise a duty of care to those we contact and/or those who will be affected by what we do.

### Obligations:

1. Be familiar with and uphold all policies and procedures that act to protect clients, co-workers and others from harm

In practice this will involve:

- reading, understanding and complying with organisational policies and procedures aimed at preventing harm i.e. client management and occupational health and safety
- actively seeking to prevent harm to clients, co-workers and others
- actively supporting clients, co-workers and others who have been harmed
- actively discouraging any form of harassment including sexual and racial harassment (as defined in section 119 of the *Anti-Discrimination Act 1991 (Qld)*)
- actively questioning any form of discrimination.

2. Refrain from using any substance that could have an adverse effect on our work performance, our behaviour, our reputation and/or the reputation of the organisation

In practice this will involve:

- ensuring that the consumption of alcohol, drugs or other medications does not adversely affect our work performance or endanger the health and safety of others
- seeking professional assistance to deal with any substance abuse.

3. Provide appropriate structure for clients

In practice this will involve:

- setting limits and clear boundaries
- providing clear and consistent rules and expectations.

4. Identify, declare and avoid conflicts of interest

In practice this will involve:

- understanding what is meant by a conflict of interest
- managing personal relationships with other employees in a manner that does not adversely impact on the organisation and/or its staff, volunteers and/or clients
- using work time and/or resources effectively – i.e. not to further personal interests
- acting independently, objectively and impartially when performing work duties e.g. when making purchasing decisions.

5. Expose the misconduct of ourselves, co-workers and supervisors.

In practice this will involve:

- examining our own behaviour for misconduct and report it as such
- reporting knowledge of misconduct including, but not limited to:
  - a risk to health and safety of clients, workers, others
  - maladministration
  - negligence.

## **Principle 3: Legality**

The bible tells us: *<sup>1</sup>Everyone must submit himself to the governing authorities, for there is no authority except that which God has established. The authorities that exist have been established by God. <sup>2</sup>Consequently, he who rebels against the authority is rebelling against what God has instituted'* (Romans 13: 1-2b NIV).

As Positive Change employees/volunteers we will abide by the laws of our state and country and encourage clients to do the same.

### Obligations:

#### 1. Use and disclose information according to legal requirements

In practice this will involve:

- managing information and records in a manner that is consistent with the law
- respecting the confidentiality of privileged information received in the course of ones work duties
- managing the collection, storage, security and disposal of records as per policies/procedures
- recording information in a clear manner (not misleading).

#### 2. Maintain an up-to-date knowledge of legislation

In practice this will involve:

- reading and seeking to understand all material applicable to the work being undertaken (see Appendix A)
- applying appropriate legal standards in all areas of responsibility.

#### 3. Model obedience to the law

In practice this will involve:

- obeying the law
- seeking only to change laws etc through appropriate means e.g. lobbying, when confronted with a conflict.

## **Principle 4: Participation**

It is the aim of Positive Change programs to provide clients with ‘optimal inputs’ that support and promote positive development. We believe that the development of people is *‘fostered through relationships, influenced by environments and triggered by participation’* (Pittman, 1996). Development does not occur without engagement. Development, particularly of young people, is influenced by the quality of the relationships, communities and environments in which they are involved. We will endeavour to provide an ‘optimal’ environment for the development of our clients.

### Obligations

#### 1. Provide opportunities for clients to participate

In practice this will involve:

- encouraging supportive, appropriate relationships among clients
- providing activities that promote bonding and a sense of belonging
- tailoring tasks to individual and group strengths and weaknesses
- dealing promptly with ‘squabbles’ among clients
- praising the positive efforts of clients.

#### 2. Model positive participation to clients

In practice this will involve:

- engaging in activities including chores/work duties with clients
- not grumbling about participating in Positive Change activities
- modelling positive participation in family, community, church and social activities.

#### 3. Provide opportunities for skill building (physical, intellectual, psychological, emotional and social)

In practice this will involve:

- granting responsibility
- providing meaningful challenges
- tailoring activities appropriately.

## **Part C. Client Management Policies and Procedures**

### **Acknowledgements:**

I would like to acknowledge the assistance of the following persons in the compilation and review of the policies and procedures that follow. They are:

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Heather Lane  
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Sally Overfield  
Michelle Ross  
Gavin Watson  
Terry Whiting

Thanks guys!!

*Leanne Whittacker*



**Absconding**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Definition/s:</b>	<u>Absconding</u> – if a client leaves a residential facility or departs from the group during an outing without informing employees/volunteers or other clients of his/her intention to do so it is considered that the client has absconded.
<b>Policy:</b>	Clients are free to leave a Positive Change residential facility at any time. If a client absconds, where appropriate, relevant people will be contacted.
<b>Procedure:</b>	<p>If a client absconds the employee/volunteer must determine what to do depending upon the circumstances. The response chosen will depend on the answers you would give to the following questions.</p> <ol style="list-style-type: none"> <li>1. <u>Factors about the client</u> <ul style="list-style-type: none"> <li>▪ Did the client intend to do this or is it a mistake?</li> <li>▪ Can the client get him/herself back to the residential facility safely?</li> <li>▪ Does the client have a working mobile with him/her?</li> <li>▪ Is the client alone?</li> <li>▪ How old and mature is the client?</li> <li>▪ How skilled is he/she in that environment?</li> <li>▪ Is the client seriously angry, upset, depressed, manic or drug-affected?</li> <li>▪ Is there any reason to suspect that the client is suicidal?</li> <li>▪ Is it possible that the client could be experiencing a psychotic episode?</li> </ul> </li> <li>2. <u>Factors about the location</u> <ul style="list-style-type: none"> <li>▪ How safe is the place the client might be in or might go to?</li> <li>▪ How likely is it that the client would have an accident or be attacked?</li> <li>▪ Would emergency services be appropriate, able and willing to find the client?</li> <li>▪ Is the area in range for mobile phones?</li> </ul> </li> <li>3. <u>Factors about the rest of the group</u> <ul style="list-style-type: none"> <li>▪ Does anyone in the group know where the client could be?</li> <li>▪ How many people are needed to search safely for the client?</li> <li>▪ What effect would this have on the supervision and safety of the rest of the group?</li> <li>▪ Is there a client who could go with an employee/volunteer to find the client?</li> <li>▪ What, if anything, was communicated to clients about how you would respond in this situation?</li> </ul> </li> </ol> <p><b>Relevant people to contact if a client absconds:</b>  <u>Department of Child Safety:</u> If the client is in the care of the <i>Department of Child Safety</i>, the appropriate departmental worker should be contacted.</p>

	<p><u>Department of Corrective Services:</u> If the client currently has dealings with the <i>Department of Corrective Services</i> a supervisor (within Positive Change) is to be contacted and the supervisor is to decide whether or not the appropriate departmental worker is to be contacted.</p> <p><u>Parents/guardians:</u> If a client is under the age of 16, his/her parent/guardian should be contacted. If a client is over the age 16 the client is to refer to the policy/procedure entitled 'Parental involvement'.</p> <p><u>Suspicious situation:</u> If a client absconds and an employee/volunteer considers the situation suspicious, for example, the client leaves a residential facility giving indication that he/she will return, fails to do so and has left all of his/her possessions in the residential facility, an employee/volunteer should wait sufficient time for the client to return. If the client does not return the police should be contacted to report the person missing.</p>		
<b>Rationale:</b>	Positive Change has a duty of care to the clients who reside in its residential facilities.		
	<p><u>Underpinning values:</u> respect, pastoral care</p> <p><u>Underpinning principles:</u> safety, respect</p>		
<b>Related policies/procedures:</b>	Confidentiality and the handling of client related personal information Coordination with other agencies Emergencies Parental involvement		
<b>Relevant form/s:</b>	<i>Discharge form</i> – The Watershed <i>Discharge form</i> – Metamorphosis		
<b>Relevant document/s:</b>	See Appendix B for a worked example of applying this policy/procedure		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Abuse of children and young people**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Definition/s:</b>	<p><u>Abuse:</u> Abuse takes place when a person is harmed as a result of the actions/inactions of a person. The <i>Child Protection Act 1999 (Qld)</i> states:</p> <ol style="list-style-type: none"> <li>1) ‘Harm’ to a child, is any detrimental effect of a significant nature on the child’s physical, psychological or emotional wellbeing.</li> <li>2) It is immaterial how the harm is caused</li> <li>3) Harm can be caused by –             <ol style="list-style-type: none"> <li>a) physical, psychological or emotional abuse or neglect, or</li> <li>b) sexual abuse or exploitation.</li> </ol> </li> </ol>
<b>Policy:</b>	<p><b>Abuse by employees/volunteers/other clients</b>          Positive Change will not tolerate the abuse of clients by employees/volunteers/other clients. Physical, sexual or emotional abuse of a client by an employee/volunteer constitutes misconduct and will be dealt with through disciplinary procedures. Physical, sexual or emotional abuse of a client by another client will be dealt with promptly by a supervisor.</p> <p><b>Employees/volunteers possess knowledge related to abuse</b>          Positive Change employees/volunteers will possess knowledge of:</p> <ul style="list-style-type: none"> <li>▪ what constitutes harm (including categories of harm)</li> <li>▪ common signs of harm and</li> <li>▪ how to respond to a disclosure regarding issues of abuse.</li> </ul> <p><b>Reporting cases of suspected abuse</b>          Positive Change employees/volunteers will fulfil their duty of care to clients by reporting cases of suspected abuse of a person under the age of 18 to the <i>Department of Child Safety</i>.</p> <p>Positive Change will assist clients over the age of 18 who are being abused to deal with the situation proactively.</p> <p><b>A valid blue card</b>          All Positive Change employees/volunteers who engage in client related activities will possess a valid blue card (<i>Working with children suitability card</i>).</p>
<b>Procedure:</b>	<p><b>Abuse by employees/volunteers</b>          Allegations of abuse by employees/volunteers will be taken very seriously and dealt with by the coordinator of the relevant division.</p>

	<p>If an employee/volunteer knows or suspects that another employee/volunteer is abusing a client accessing a Positive Change service, the employee/volunteer should immediately report this to his/her supervisor.</p> <p><b>Employees/volunteers possess knowledge of abuse</b>  Prior to, or within 2 weeks of being engaged, an employee/volunteer will be provided with training regarding the abuse of children/young people.</p> <p><b>Reporting cases of suspected abuse</b>  If an employee/volunteer becomes aware that or suspects that a client is experiencing any form of abuse by a parent, foster parent or another adult, the employee/volunteer is to speak to his/her supervisor and together conduct a risk assessment to determine the level of risk (see Appendix C).</p> <p>If the client is under the age of 18 and the level of risk is sufficient to warrant reporting the matter to the <i>Department of Child Safety</i> the supervisor is to do so by calling the local intake team.</p> <p>If the client is 18 years old or over and the level of risk is significant the supervisor and the employee/volunteer are to ‘treat the risk’. See Appendix C for information about this.</p> <p><b>A valid blue card</b>  If a potential employee/volunteer <u>does not</u> possess a current blue card the supervisor is to fill in and submit one of the following (whichever is relevant) a <i>Paid employee blue card application form</i>, a <i>Volunteer blue card application form</i> or a <i>Student blue card application form</i>. When the supervisor receives notification that the potential employee/volunteer has received a ‘positive notice’ the supervisor can then engage the individual in client related duties.</p> <p>If a potential employee/volunteer <u>does</u> possess a current blue card the supervisor is to fill in and submit an <i>Authorisation to confirm a valid blue card</i> form. The individual may engage in client related duties while the supervisor is awaiting notification. If the supervisor is informed that the employee/volunteer <u>does not</u> have a valid blue card he/she is to cease engaging in client related activities immediately, which in turn is likely to result in the termination of employment/volunteering.</p> <p>If a supervisor receives notification from the <i>Commission for Children and Young People and Child Guardian (CCYPCG)</i> that the blue card of an employee/volunteer has been withdrawn, that individual will cease to engage in client related activities which in turn is likely to result in the termination of employment/volunteering.</p>
<b>Rationale:</b>	<p>Positive Change believes that clients have the right to live free from abuse and will therefore take seriously any allegation of abuse whether perpetrated by a Positive Change employee/volunteer or another person.</p> <p>Positive Change recognises the vulnerability of its clientele and is committed to protecting clients from harm that could be perpetrated by its employees/volunteers.</p>

	<p>Positive Change recognises the statutory responsibility held by the <i>Department of Child Safety</i> to investigate allegations of abuse to those under the age of 18.</p> <p><u>Underpinning values:</u> pastoral care, integrity  <u>Underpinning principles:</u> safety, legality</p>		
<b>Related policies/procedures:</b>	<p>Bullying  Confidentiality and the handling of client related personal information  Coordination with other agencies  Environment  Parental involvement</p>		
<b>Relevant form/s:</b>	<p><i>Paid employee blue card application form (CCYPCG)</i>  <i>Volunteer blue card application form (CCYPCG)</i>  <i>Student blue card application form (CCYPCG)</i>  <i>Authorisation to confirm a valid blue card form (CCYPCG)</i></p>		
<b>Relevant document/s:</b>	<p><i>The Child Protection Act 1999 (Qld)</i>  <i>Commission for Children and Young People and Child Guardian Act 2000 (Qld)</i>  <i>Family Law Act 1975 (Cth)</i></p>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Access and equity**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions		
<b>Definition/s:</b>	<p><u>Access:</u> Access is the ability to obtain or make use of something, in this case a service.</p> <p><u>Equity:</u> The provision of something on the basis of need and fairness rather than equally. For example: when providing a community service, an access ramp for individuals in wheel chairs would be equitable, even though stairs would provide equal access for all.</p>		
<b>Policy:</b>	<p>Positive Change will not deny a person access to a Positive Change program on the basis of race, ethnicity, religious belief* or disability (physical, intellectual or mental)**. Positive Change will at all times endeavour to respond to the needs and requests of young people in a manner that is fair and equitable.</p> <p>*Positive Change is a Christian organisation and as such the framework of the care provided is in accordance with the Christian faith. Some Positive Change programs will require, as a necessary part of the program, participation in Christian based studies. It is expected that all young people, regardless of their personal beliefs, will participate in such studies.</p> <p>**See also the Disability and Mental illness policies/procedures.</p>		
<b>Rationale:</b>	<p>Positive Change respects and abides by the relevant legislation in regard to the promotion of equal opportunity for all persons and the universality of respect of human beings as unique individuals.</p> <p><u>Underpinning values:</u> respect, integrity</p> <p><u>Underpinning principles:</u> respect, legality</p>		
<b>Related policies/procedures:</b>	Disability Mental illness		
<b>Relevant form/s:</b>	<i>Phone referral form</i> – The Watershed <i>Initial assessment forms</i> – Metamorphosis		
<b>Relevant document/s:</b>	<p><u>Legislation:</u>  <i>Anti-Discrimination Act 1991 (Qld)</i>  <i>Racial Discrimination Act 1975 (Cth)</i>  <i>Sex Discrimination Act 1984 (Cth)</i>  <i>Disabilities Discrimination Act 1992 (Cth)</i>  <i>Human Rights and Equal Opportunity Commission Act 1986 (Cth)</i></p> <p><u>Federal government policies:</u>  <i>Access and Equity (1985, 1989 and 1996)</i>  <i>Social Justice Strategy</i>  <i>Charter for a Culturally Diverse Society (post 1996)</i></p>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Aug 2003
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Addiction**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions		
<b>Policy:</b>	<p>Positive Change programs are based on the belief that people can live free from addiction and as such it promotes treatment options that involve the development of a ‘drug-free’ lifestyle.</p> <p>While Positive Change employees and volunteers promote a lifestyle of abstinence from potentially addictive substances, employees/volunteers will assist clients to develop strategies and take actions that will assist them to reduce drug related harm to themselves, and as appropriate, to others.</p> <p>While Christian beliefs provide the basis of all Positive Change programs, compatible psychological principles and therapeutic approaches are integrated from a variety of theoretical models.</p>		
<b>Procedure:</b>	Na		
<b>Rationale:</b>	<p>Positive Change began by, and continues to respond to, the call of God to young people whose lives have reached a point of crisis because of addiction. Positive Change promotes that faith in Jesus Christ plays a significant role in the ‘treatment’ of addiction.</p> <p><u>Underpinning values:</u> Christian faith, excellence  <u>Underpinning principles:</u> safety</p>		
<b>Related policies/procedures:</b>	Contraband found on premises Intoxication/overdose		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	The Bible Personal Studies for New Christians Group Studies for New Christians		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



## Bedwetting

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Bedwetting should be dealt with by the employee/volunteer on duty in a manner that causes the least embarrassment to the client while protecting property such as mattresses etc from damage.		
<b>Procedure:</b>	<p>It should be suggested to a client who wets the bed frequently that a doctor be consulted. If the client continues to wet the bed, the purchase of a plastic mattress protector should be considered (if the bed is not already so equipped). It is also possible for the client to wear sanitary/incontinence items such as 'Depend' at night and to purchase alarms etc.</p> <p>The utmost discretion is advised as this is a deeply personal and embarrassing matter.</p>		
<b>Rationale:</b>	<p>People lack bladder control over night for a number of reasons, some physical, some psychological. Doctors can treat bedwetting with medication and/or behavioural treatments.</p> <p>The use of incontinence items will make the bedwetting less obvious to other clients in the residential facility, thus saving embarrassment while also protecting bedding from urine and bedclothes from the wear and tear caused by continual washing. The use of a plastic mattress protector will act to prevent damage to the mattress.</p> <p><u>Underpinning values:</u> respect, pastoral care  <u>Underpinning principles:</u> respect, safety</p>		
<b>Related policies/procedures:</b>	<p>Cleanliness and hygiene  Confidentiality and the handling of client related personal information</p>		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	<p><i>Handover – The Watershed</i>  <i>Handover – Metamorphosis</i></p>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



## Bullying

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Definition:</b>	<p><u>Bullying:</u> Bullying takes place when one or more persons torment others, either through verbal harassment, physical threats or more subtle means of coercion.</p> <p><u>Bystander:</u> A bystander is an individual who witnesses behaviour, such as bullying, but neither participates in the bullying nor attempts to stop the behaviour.</p>
<b>Policy:</b>	Bullying will not be tolerated in Positive Change programs. Behaviour that constitutes bullying will be dealt with promptly and in a manner that responds to the needs of both the person doing the bullying and those being bullied.
<b>Procedure:</b>	<p>Conduct a risk assessment (see Appendix C) to determine whether or not it is appropriate to maintain the perpetrator of the bullying in the program. Where possible speak to a supervisor.</p> <p>If it is determined that it is <u>not</u> appropriate to keep the perpetrator of the bullying behaviour in the program he/she should be moved on as per the referral and dismissal procedures outlined in this document. If this is the case it is important that it is communicated clearly to the client that it is the behaviour that is intolerable, not the person.</p> <p>If it is determined that it is appropriate to keep the perpetrator of the bullying behaviour in the program, the employee/volunteer involved should follow the steps outlined below.</p> <p><u>Response to the ‘perpetrator’:</u></p> <ol style="list-style-type: none"> <li>1. Establish/maintain a positive relationship with the client and act as a positive role model displaying appropriate behaviour and self-control</li> <li>2. Inform the client that bullying behaviour will not be tolerated in the program</li> <li>3. Reassure the client that you accept and respect him/her just not his/her bullying behaviour</li> <li>4. Help the client to identify the cause of his/her bullying behaviour (i.e. the possible needs of the client that are being revealed through his/her behaviour) and consider alternative means of responding</li> <li>5. Let the client decide on or agree (preferably in writing) to a consequence for engaging in further bullying behaviour</li> <li>6. Monitor the client’s ongoing behaviour to ensure that it is appropriate</li> <li>7. Communicate to other employees/volunteers the agreement that has been made regarding the behaviour and any consequences so that they can be applied uniformly.</li> </ol>

	<p><u>Response to the ‘victim’:</u></p> <ol style="list-style-type: none"> <li>1. Establish/maintain a positive relationship with the client</li> <li>2. Inform the client that you are taking the allegations seriously</li> <li>3. Inform the client that the person doing the bullying has agreed to cease the bullying behaviour and that consequences will apply if this is not the case</li> <li>4. Inform the client that you would appreciate being informed if the bullying behaviour continues</li> <li>5. As appropriate, discuss with the client assertive and appropriate ways to respond to being bullied.</li> </ol>		
<b>Rationale:</b>	<p>It is helpful to determine the cause of the behaviour because the appropriate response will depend on this. There are a number of reasons why a client may be bullying. These include:</p> <ul style="list-style-type: none"> <li>▪ attention seeking</li> <li>▪ wanting to demonstrate power and ability to hurt others</li> <li>▪ wanting to feel in control</li> <li>▪ needing to gain a sense of strength and competence.</li> </ul> <p>People who bully others often:</p> <ul style="list-style-type: none"> <li>▪ have a limited ability to develop a relationship and are attempting to draw others to him/herself by appearing to be the strongest</li> <li>▪ use bullying behaviour as a means of escaping painful, negative feelings by engaging in behaviour that acts to protect him/herself from others</li> <li>▪ use bullying behaviour in an attempt to feel independent and in charge of his/her life and situation.</li> </ul> <p>It is important that employees/volunteers are not ‘bystanders’ watching but not acting when bullying takes place. There are a number of reasons for this, they include:</p> <ol style="list-style-type: none"> <li>a. the lack of support may cause the ‘victim’ to have no trust in the employee/volunteer</li> <li>b. the other clients may assume that the employee/volunteer has no problem with what is happening</li> <li>c. the employee/volunteer has a duty to care for all clients in the facility.</li> </ol> <p><u>Underpinning values:</u> relationships, leadership, Godly character  <u>Underpinning principles:</u> safety, participation, respect</p>		
<b>Related policies/procedures:</b>	<p>Discipline  Dismissal of a client  Referrals to other agencies</p>		
<b>Relevant form/s:</b>	<p><i>Inappropriate behaviours form</i> – The Watershed  <i>Discipline form</i> – Metamorphosis</p>		
<b>Relevant document/s:</b>	<p>See Appendix C of this document for information on how to conduct a risk assessment.</p>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Chores/work duties**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Positive Change will involve all clients living in a Positive Change residential facility in chores/work duties.		
<b>Procedure:</b>	<p>Employees/volunteers are responsible for ensuring that chores/work duties are completed satisfactorily. As such it is important that employees/volunteers communicate clearly what standards are appropriate for each chore/work duty. It is useful for morale if employees/volunteers are involved in doing chores/work duties by working alongside clients. It is often necessary to show a client how to do a chore/work duty so that he/she may do it correctly and sensibly.</p> <p>Employees/volunteers are to ensure that clients are wearing suitable clothing, foot attire and safety equipment to allow them to do their chores/work duties safely.</p> <p>In a facility where clients leave during the day, employees/volunteers are to request that clients stay until their chore/s is/are completed. If a client refuses to do his/her morning chores before leaving the facility for the day, an employee/volunteer must not force him/her to stay but inform the client that failure to complete chores puts his/her continued participation in the program in jeopardy.</p> <p>Rosters et cetera in individual facilities should be consulted for a comprehensive list of chores/work duties to be done in that facility. These are usually written up on the students' whiteboard. Times for doing chores/work duties will be as prescribed in individual programs.</p>		
<b>Rationale:</b>	<p>Positive Change sees the development of skills for independent living as a necessary part of the personal/social development of its clientele. The sense of satisfaction and pride in one's environment that develops through helping to maintain that environment is valuable. There is also great benefit gained from the feeling of belonging and bonding that develops between clients and between clients and employees/volunteers when working together to accomplish a task.</p> <p><u>Underpinning values:</u> relationships, leadership  <u>Underpinning principles:</u> participation, safety, respect</p>		
<b>Related policies/procedures:</b>	<p>Cleanliness and hygiene            Discipline            Environment</p>		
<b>Relevant form/s:</b>	<i>Discharge form</i> – The Watershed		
<b>Relevant document/s:</b>	<p><i>Chores roster</i> – The Watershed  <i>Work duties roster</i> – Metamorphosis</p>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Cleanliness and hygiene**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Policy:</b>	<p>Positive Change will endeavour to maintain a high standard in its facilities with regard to hygiene, cleanliness, safety and functionality so as to minimise the risk of illness or injury and maximise the comfort of clients.</p> <p><b>Provision of clean linen</b> Positive Change will provide clean linen, blankets, towels, washcloths, pillows and pillowcases to new clients. Bed linen will be changed at least once a week, bath towels are to be washed at least twice a week.</p> <p><b>Dealing with blood and bodily fluids</b> When contacting blood and bodily fluids Positive Change employees/volunteers will conduct themselves in such a way that the risk of infection is minimal.</p> <p><b>Food preparation</b> Positive Change residential facilities will provide clients with meals that are prepared in an hygienic manner.</p> <p><b>Floors and walkways</b> Floors and walkways in Positive Change facilities will be maintained in such a way that they do not present risks to the health and/or safety of clients and others.</p>
<b>Procedure:</b>	<p><b>Dealing with blood and bodily fluids</b> In order to protect employees/volunteers and clients from the transmission of hepatitis and other infectious diseases, employees/volunteers should adhere to the following procedures and, where appropriate, encourage clients to do the same.</p> <ul style="list-style-type: none"> <li>▪ an employee/volunteer is to check his/her hands daily for cuts or abrasions and cover any breaks in the skin with a waterproof dressing</li> <li>▪ an employee/volunteer is to wash his/her hands thoroughly before and after contact with an individual or with any ‘used’ objects such as a nappy or a condom. Disposable gloves must be worn when picking up ‘used’ objects</li> </ul> <p>Thorough washing of hands consists of:</p> <ul style="list-style-type: none"> <li>- removing all jewellery from hands and wrists to be cleaned during washing</li> <li>- using soap and warm running water for 10-15 seconds to produce a good lather</li> <li>- rinsing away all signs of dirt and soap</li> <li>- drying hands with a disposable paper towel</li> </ul> <ul style="list-style-type: none"> <li>▪ an employee/volunteer is not to share personal items such as razors, nail</li> </ul>

clippers, scissors, tweezers or toothbrushes with clients (there could be small amounts of infected blood present and there is potential to puncture the skin). Clients should be advised against and discouraged from sharing such items among themselves

- an employee/volunteer is to wear gloves when:
  - it is expected that he/she will be exposed to blood/body fluids
  - handling any equipment or materials that may be contaminated by blood or body fluids.

Note: Blood does not have to be visible for there to be enough for viruses to be transmitted.

When a spill of blood/body fluids has taken place:

- the employee/volunteer will wear disposable gloves
- the employee/volunteer will avoid using hot water because it causes the blood to 'congeal' and adhere to any surface
- the employee/volunteer will remove as much solid material as possible (if there is any) with paper towels and place in a plastic bag that must be sealed (do not do this if the 'solid' material is a body part eg finger, as this will need to be kept and transported with the client)
- the employee/volunteer will wipe up the spill with paper towels, then clean the area with water and detergent
- the employee/volunteer will use detergent with cold water rather than bleach if a spill occurs on carpet or soft furnishings (eg couch). Bleach will damage the fabric
- the employee/volunteer will wipe the surface over with a bleach solution if there is a risk of skin contact on a previously bloodied area (e.g. table).

#### Used needles, syringes and other injecting equipment

If a used needle, syringe or other injecting equipment is found on Positive Change premises the item should be placed in an approved *Sharps container* and disposed of appropriately.

If a needle stick injury takes place the employee/volunteer should, as soon as possible:

- wash the area that has been affected with warm soapy water
- apply antiseptic and a waterproof dressing
- consult a doctor who will be able to advise on testing and any treatment
- report the incident to a supervisor

(Information supplied by the Australian Institute for Primary Care).

Note: All employees/volunteers who are likely to come into contact with blood and/or body fluid are urged to be vaccinated against Hepatitis A & B (currently available) and against other strains of hepatitis if/when such a vaccination becomes available.

#### **Food preparation**

The preparation of food is to be under the supervision of an employee/volunteer whose responsibility it is to ensure that meals are adequately catered for (not too much, not

	<p>too little) and that hygiene procedures are maintained.</p> <p>Hygiene procedures: All persons who handle food to be eaten by others must adhere to the following:</p> <ul style="list-style-type: none"> <li>▪ wash hands with soap prior to handling food</li> <li>▪ wear latex gloves when handling food</li> </ul> <p>Hygienic practices in washing and cleaning include:</p> <ul style="list-style-type: none"> <li>▪ wiping down all bench surfaces using an anti-bacterial agent or detergent</li> <li>▪ using hot water to wash dishes</li> <li>▪ using detergent to wash dishes</li> <li>▪ rinsing dishes in hot water after washing</li> <li>▪ using clean tea-towels to dry dishes</li> <li>▪ drying hands on paper towels – not on tea-towels.</li> </ul> <p><b>Floors and walkways</b></p> <ul style="list-style-type: none"> <li>▪ floor surfaces are to be dry</li> <li>▪ floor surfaces are to be even</li> <li>▪ floor surfaces are to be uncluttered</li> <li>▪ floors are not to be cleaned with agents that leave a slippery residue on the floor</li> <li>▪ floor surfaces that are likely to get wet (e.g. kitchens) should be appropriate non-slip material</li> <li>▪ walkways to be kept clear</li> <li>▪ aisles, exits and stairs are to be free of clutter and well-lit</li> <li>▪ electrical leads are not to cross walkways</li> <li>▪ there is to be unobstructed vision at intersections.</li> </ul> <p><b>General house keeping</b></p> <p>In facilitating good house keeping employees/volunteers will ensure that:</p> <ul style="list-style-type: none"> <li>▪ bins are located at suitable points</li> <li>▪ bins are emptied regularly</li> <li>▪ passageways are kept clear of obstructions at all times</li> <li>▪ spills of liquids or other substances are cleaned up immediately</li> <li>▪ surfaces and floors are kept clear of rubbish</li> <li>▪ electrical leads are not crossing walkways</li> <li>▪ signs are used to warn of slippery areas or wet floors when being mopped</li> <li>▪ materials must be stacked carefully so as not to fall and cause a person fall.</li> </ul>
<p><b>Rationale:</b></p>	<p>Positive Change recognises:</p> <ul style="list-style-type: none"> <li>▪ the legal requirements that exist regarding hygiene and safety in residential facilities</li> <li>▪ the effect that one’s physical environment has upon the individual psychologically – a clean, pleasant, well ordered environment promotes a general feeling of well-being</li> <li>▪ that cleanliness and hygienic practices act to prevent the spread of infection (e.g. scabies, tinea, lice).</li> </ul> <p>In setting the above procedure Positive Change is mindful that there is no easy way of identifying those who have an infectious disease. It therefore recommends that</p>

	employees/volunteers respond in all situations where blood and/or body fluids are involved in a cautious and safe manner.		
	<u>Underpinning values:</u> Godly conduct <u>Underpinning principles:</u> safety, legality		
<b>Related policies/procedures:</b>	Diseases – infectious and degenerative Chores/work duties Environment First aid		
<b>Relevant form/s:</b>	<i>Incident report form</i> – Positive Change general		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Complaint management**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Policy:</b>	<p>Positive Change will take seriously the feedback it receives from clients who are accessing or have accessed Positive Change services.</p> <p>Clients who are accessing or who have accessed Positive Change services have the right to lodge a grievance about the service they are receiving/have received. All such complaints will be taken seriously and dealt with as deemed appropriate by a supervisor.</p>
<b>Procedure:</b>	<p>Feedback from clients may come formally (such as a client asking to speak to an employee/volunteer about a problem that he/she has experienced while accessing the program) or informally (such as an offhand comment like ‘I hate the fact that we can’t smoke here’ or ‘the food here is great’).</p> <p>Upon receiving negative feedback from a client, the employee/volunteer is to explore the feedback given and consider if it is expressed out of genuine concern on the part of the client and therefore constitutes a grievance.</p> <p><b>A grievance</b></p> <p>If it is decided that the feedback is given out of a genuine concern and the feedback pertains to an aspect of the program generally or to a problem with the management of the client, the employee/volunteer receiving the complaint is responsible to:</p> <ul style="list-style-type: none"> <li>▪ listen carefully to what the client is saying</li> <li>▪ check his/her understanding of what the client is saying</li> <li>▪ record the information clearly</li> <li>▪ ensure that the information recorded would be sufficient for a reader to make a fair judgement of the situation</li> <li>▪ consider the seriousness of the complaint</li> <li>▪ recognise unjustified complaints as such</li> <li>▪ recognise justified complaints as such</li> <li>▪ problem-solve or discuss with the client possible means for rectifying the situation</li> <li>▪ where appropriate, discuss with the client measures for improving that aspect of service delivery causing the complaint</li> <li>▪ give the written complaint to a supervisor. Handle the report confidentially. Do not leave it lying around for other employees/volunteers to see. This is particularly important if it is a complaint about another employee/volunteer.</li> </ul>

	<p>The supervisor to whom the complaint is reported will, as necessary, speak to the client and take steps to rectify the situation. If an employee/volunteer has been involved in misconduct the supervisor is to deal with the breach that has taken place.</p> <p>If <u>not</u> satisfied, the client should next be directed to the relevant divisional coordinator. If still <u>not</u> satisfied the client should next be directed to the Executive Director. If still <u>not</u> satisfied and the client is under 18 years of age the client should then be directed to the <i>Children's Commission</i> or to the <i>Ombudsman</i> if the client is 18 years or older.</p> <p><b>Negative feedback</b>  Negative feedback differs from a grievance in the level of concern it has caused the client. If the feedback pertains to the program and/or the process of case management, the employee/volunteer is to follow procedures for a grievance with one exception. Instead of submitting information to a supervisor the employee/volunteer should, if in a residential program, record the information in the hand-over material and, where appropriate, bring the feedback up at a staff meeting.</p> <p>If the feedback pertains to the employee/volunteer him/herself, the employee/volunteer is to listen attentively to the feedback and respond appropriately, apologising if necessary. If the matter is unable to be dealt with adequately, the employee/volunteer should speak to the supervisor for advice on how to handle the situation.</p> <p><b>Positive feedback</b>  Positive feedback should also be recorded in the hand-over material and may be shared with other employees/volunteers.</p>		
<b>Rationale:</b>	<p>In accepting grievances and feedback Positive Change would like to recognise</p> <ul style="list-style-type: none"> <li>a) the value of input from clients,</li> <li>b) the need of clients to participate and</li> <li>c) Positive Change's framework of empowerment and client-centred practice.</li> </ul> <p><u>Underpinning values:</u> respect, integrity, relationships  <u>Underpinning principles:</u> participation, respect</p>		
<b>Related policies/procedures:</b>	<p>Confidentiality and the handling of client related personal information  Any policy/procedure relevant to the area of the complaint</p>		
<b>Relevant form/s:</b>	<p>Na</p>		
<b>Relevant document/s:</b>	<p>Na</p>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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**Computers, client use of**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Policy:</b>	Positive Change will encourage the use of computers by clients where computers are available for client access. Internet access will be only under direct supervision of an employee/volunteer and only used as part of the client’s case management. Employees/volunteers will be responsible to ensure that clients who use computers do so in a manner that is responsible, safe and considerate.
<b>Procedure*:</b>	<p><b>Safety</b> While using a Positive Change computer a client is not to give his/her full name, address, phone number or other information that could identify him/her to any person met on the internet nor is he/she to arrange to physically meet or chat with such a person.</p> <p><b>Annoying behaviour</b> While using a Positive Change computer a client is not to:</p> <ul style="list-style-type: none"> <li>▪ send people communications that they do not want (eg bulk emails, spam)</li> <li>▪ hoax people</li> <li>▪ use or transmit someone else’s email address without his/her permission (eg sign them up for subscriptions, put their address in the To or CC field of a bulk email)</li> <li>▪ use computers to annoy other people in any way.</li> </ul> <p><b>Inappropriate behaviour &amp; crime</b> While using a Positive Change computer a client is not to:</p> <ul style="list-style-type: none"> <li>▪ illegally copy material (music, video etc) by downloading, copying, swapping, storing, burning/ripping etc</li> <li>▪ engage in crime-related activities</li> <li>▪ engage in activities that relate to gambling</li> <li>▪ view or save pornographic material</li> <li>▪ participate in any harassing or vilifying activity</li> <li>▪ engage in activities that violate relevant Positive Change principles/guidelines.</li> </ul> <p><b>Technical restrictions and offences</b> While using a Positive Change computer a client is not to:</p> <ul style="list-style-type: none"> <li>▪ load software (eg download from the internet, bring it in on a disk etc)</li> <li>▪ download very large files or access streaming audios or videos without approval</li> <li>▪ change the settings, preferences, folders etc on the computer equipment</li> <li>▪ attempt to access Positive Change documents or other areas that do not belong</li> </ul>

	<p>to the client</p> <ul style="list-style-type: none"> <li>▪ spread viruses or disrupt or break into any computer, server or network.</li> </ul>		
<b>Rationale:</b>	<p>Positive Change wishes to encourage its clients to learn to use computers. The above procedures are to be implemented to minimise the risks involved with allowing clients to use computer equipment.</p> <p><u>Underpinning values:</u> Godly conduct, integrity, respect, leadership  <u>Underpinning principles:</u> safety, respect, legality, participation</p>		
<b>Related policies/procedures:</b>	<p>Access and equity  Criminal behaviour  Confidentiality and the handling of client related personal information  Contraband found on premises</p>		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006

\*Positive Change would like to acknowledge YAPA for the information provided in this procedure.



## Confidentiality and the handling of client related personal information

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Relevant definitions:</b>	<p>The <i>Privacy Act Commonwealth 1988</i> (section 6) defines <b>personal information</b> as: ‘<i>information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion</i>’.</p> <p>The <i>Privacy Act Commonwealth 1988</i> (Section 6) defines a <b>record</b> as: ‘(a) a document; or (b) a database; or (c) a photograph or other pictorial representation of a person but does not include; (d) a generally available publication’.</p> <p>For the purposes of this document a ‘record’ will refer to a record (as defined above) that contains personal information (as defined above).</p>
<b>General Policy:</b>	Positive Change, its programs, its employees and its volunteers will comply with relevant aspects of the <i>Privacy Act 1988 (Cth)</i> in its/their dealings with clients.
<b>General Procedure:</b>	Employees/volunteers are to familiarise themselves with the policies and procedures in this document that relate to confidentiality and privacy.
<b>General Rationale:</b>	<p>It is unethical and unlawful for an individual employee/volunteer or for Positive Change as an organisation to operate outside the guidelines set out in this act. According to the legislation all clients have the right to be informed of:</p> <ul style="list-style-type: none"> <li>▪ the purpose for obtaining their personal information</li> <li>▪ how information is to be collected</li> <li>▪ how collected information may be used</li> <li>▪ where collected information will be stored</li> <li>▪ who will have access to the collected information</li> <li>▪ policies relating to confidentiality and the disclosure of this collected information</li> <li>▪ their right to access records of their personal information.</li> </ul> <p>Individual employees/volunteers as well as Positive Change as an organisation are likely to be liable for considerable fines if compliance with the Act does not occur.</p> <p><u>Underpinning values:</u> respect, integrity, excellence, relationships</p> <p><u>Underpinning principles:</u> legality, safety, respect</p>
<b>Related policies/procedures:</b>	Informed consent

<b>Subtitle:</b>	<b>The collection of personal information</b>
<b>Policy:</b>	Positive Change employees/volunteers will collect personal information for lawful purposes only and will collect only such information as is necessary for that purpose. Positive Change employees/volunteers will inform clients of the reason/s for the collection of personal information. Positive Change will collect personal information from clients in a manner that is lawful and fair.
<b>Procedure:</b>	<p>When collecting personal information from clients, Positive Change employees/volunteers will inform the client:</p> <ol style="list-style-type: none"> <li>1. The purpose for collecting the personal information <ul style="list-style-type: none"> <li>▪ reminding oneself of where one is at with a particular client</li> <li>▪ providing information in the case of a subsequent police or other investigation</li> <li>▪ providing a record of information about an individual for use by employees/volunteers</li> <li>▪ aiding the development of appropriate support plans for clients</li> <li>▪ assisting employees/volunteers to provide consistent support to clients</li> <li>▪ maintaining accurate records of contact between the employee/volunteer and the client</li> <li>▪ ensuring adequate standards of accountability to the client, Positive Change and sponsors.</li> </ul> </li> <li>2. The people who will have access to the information <p>In the <u>Outreach Services Division</u> all employees and centrally managed volunteers will have access to all client related records kept with the division. It is expected that regional teams of Outreach Workers (volunteers) will have access to all the client related records kept within their team although this may vary depending on the policies/procedures of sponsoring churches.</p> <p>In the <u>Residential Services Division</u> all employees will have access to all client related records within their program, except records of formal counselling that will be kept confidential by the counsellor. However, the client's caseworker will have access to the record if and when it is deemed necessary. The level of access volunteers have to client related records will be determined by the relevant supervisor.</p> </li> <li>3. That he/she has a right to view anything that is written about him/her by a Positive Change employee/volunteer</li> <li>4. What alternative methods may be used to obtain information about the client such as speaking to others eg parents, other agencies, other clients</li> <li>5. Of any other person or organisation to whom the information may be disclosed and under what circumstances <p>There are particular circumstances where employees/volunteers have a duty to disclose information. These circumstances include:</p> <ul style="list-style-type: none"> <li>▪ when the life of the client or of any other person is in danger</li> <li>▪ when the employee/volunteer has a reasonable belief that a person under the age of 18 is experiencing harm or potential harm</li> <li>▪ when an employee/volunteer is aware that or believes that any individual is being significantly harmed as a result of the client's action or inaction and the</li> </ul> </li> </ol>

	individual being harmed has a limited ability to avoid such harm (could include elder abuse or abuse of disabled adults).
<b>Rationale:</b>	The <i>Privacy Act 1988 (Cth)</i> regulates the collection of personal information. The Act states that collection of personal information must be: <ul style="list-style-type: none"> <li>▪ for a lawful purpose</li> <li>▪ necessary for that purpose</li> <li>▪ collected by lawful and fair means.</li> </ul>
<b>Relevant form/s:</b>	<i>Profile form</i> – The Watershed <i>National data collection agency (NDCA)</i> – The Watershed <i>Initial assessment forms</i> – Metamorphosis <i>Privacy statement cards</i> – Outreach Services <i>Data collection and referral form</i> – Outreach Services
<b>Subtitle:</b>	<b>The recording of personal information</b>
<b>Policy:</b>	When recording personal information Positive Change programs and employees/volunteers will comply with relevant aspects of the <i>Privacy Act 1988 (Cth)</i> .
<b>Procedure:</b>	When recording client information: <ul style="list-style-type: none"> <li>▪ the source of information must be recorded</li> <li>▪ information must be recorded accurately, objectively clearly and concisely</li> <li>▪ the reasons for a relevant decision should be recorded</li> <li>▪ irrelevant information or observations should <u>not</u> be recorded</li> <li>▪ information recorded should be factual as opposed to personal opinion</li> <li>▪ where opinions are recorded, it must be clear that such information is <u>opinion only</u> and appropriate evidence for the opinion must be supplied</li> <li>▪ simple language that can be understood easily should be used</li> <li>▪ derogatory language must be avoided.</li> </ul> <p>Note: keep in mind that people have a legal right to read information that is written down about them.</p> <p>All records must be dated and include the name of the employee/volunteer who entered the information. White out is never to be used on records. A single line should be drawn through information to be erased so that it remains legible.</p> <p><b>Information supplied by a third party</b>  Caution should be exercised when recording information supplied by a third party such as a family member. Always record the source of the information and the date that it was received.</p> <p><b>Critical incident recording</b>  All accidents or critical incidents involving an employee/volunteer and/or a client/s should be recorded on an <i>Incident report form</i> and submitted to the relevant supervisor, appropriately signed.</p>
<b>Rationale:</b>	Records are used to give employees/volunteers a ‘picture’ of the client and/or client related situations that have taken place. It is therefore important that these are accurate. <p><b>Information supplied by a third party</b>  Information supplied by a third party may not be accurate so should be treated cautiously. To record the information as fact rather than clearly indicating that it is an opinion may lead to employees/volunteers believing false information.</p>
<b>Relevant form/s:</b>	<i>Incident report form</i> – Positive Change general

<b>Subtitle:</b>	<b>The storage of personal information</b>
<b>Policy:</b>	When storing personal information Positive Change, its programs, its employees and its volunteers will comply with relevant aspects of the <i>Privacy Act 1988 (Cth)</i> . Employees/volunteers are responsible for the secure storage of client records. These records must be kept safe from misuse, loss, damage and unauthorised access. At no time should clients or persons other than employees/volunteers have access to files unless established procedures are complied with.
<b>Procedure:</b>	<p>The staff office and/or filing cabinet must always be locked securely when the office is unattended by staff.</p> <p>A complete copy of the client's file should be kept at the relevant program location or archived for a minimum of 7 years from the date of his/her last contact with the service.</p> <p>All files are to remain with Positive Change and are not to be removed by an employee/volunteer or by a client upon leaving the service.</p>
<b>Rationale:</b>	See general policy
<b>Relevant form/s:</b>	<p><i>Profile form</i> – The Watershed</p> <p><i>National Data Collection Agency (NDCA)</i> – The Watershed</p> <p><i>Initial assessment forms</i> – Metamorphosis</p> <p><i>Privacy statement cards</i> – Outreach Services</p> <p><i>Data collection and referral form</i> – Outreach Services</p> <p><i>Paramedic feedback form</i> – Outreach Services</p>
<b>Subtitle:</b>	<b>The giving out of personal information and the limits to confidentiality</b>
<b>Policy:</b>	<p>Positive Change programs and employees/volunteers will comply with standards of best practice and with relevant aspects of the <i>Privacy Act 1988 (Cth)</i> when making decisions about breaching confidentiality and disclosing a client's personal information.</p> <p>The personal information of a client should be disclosed only to persons/groups that the client was aware that information would be disclosed to and under circumstances as outlined <u>prior</u> to his/her having given the information. Personal information should not be disclosed to any third party without the consent (preferably written) of the person referred to in the information.</p>
<b>Procedure:</b>	<p>If an employee/volunteer encounters a situation where he/she believes that he/she has a duty to breach confidentiality the employee/volunteer is to discuss with the client the reasons why he/she feels that he/she needs to pass information onto a relevant person. If the client agrees that the employee/volunteer may pass information on to a relevant (agreed upon) person/authority then the employee/volunteer is able to do so.</p> <p>If the client <u>does not</u> give consent for information to be passed on and will not take appropriate steps to protect him/herself or others at risk of harm, the employee/volunteer must report the situation as soon as possible to his/her supervisor who will provide guidance. <u>A breach of confidentiality is a serious matter and a decision about whether or not to breach confidentiality should not be taken lightly.</u> If the situation is an emergency and the employee/volunteer believes that there is not time to discuss the situation with his/her supervisor, the employee/volunteer should follow procedures regarding handling an emergency outlined in the relevant section of this document.</p>

<b>Rationale:</b>	In keeping with the principles of empowerment and client centred practice that underpin Positive Change's framework of case management, actions taken in relation to the above mentioned situation should be conducted in collaboration with the client.
<b>Relevant form/s:</b>	<i>Permission for release of information form</i> – Positive Change general
<b>Subtitle:</b>	<b>Access of current or former clients to their own records</b>
<b>Policy:</b>	Current and former clients of Positive Change have the right to access all the information that is written about them. Furthermore, current and former clients have a right to know that they have the right to this access and the procedures that are to be followed if they wish to access their files.
<b>Procedure:</b>	<p>The following procedures are to be followed when a current or former client requests access to his/her file. If a client requests to see his/her file he/she must make a request to an employee/volunteer. Please note that volunteers are to refer such a matter to an appropriate employee.</p> <p>The employee is to determine the type of information the client wants to access e.g. hand-over information, case management information or the complete file and arrange with the client an appropriate time for accessing the relevant file.</p> <p>A request to access information should be recorded on the client's file. Date, time, employee/volunteer present and the information provided must be included.</p> <p><b>Information that can be accessed by clients</b></p> <p>A current or former client has the right to access hand-over information that relates to him/her <u>only</u>. Information that is not related to that particular client should be removed from the file or securely covered prior to meeting with the client. The client has a right to access information, even if the file contains inappropriate or judgmental comments from an employee/volunteer. In such a situation the employee/volunteer responsible for the comments, or in his/her absence a supervisor, should offer an apology to the client.</p> <p><b>Corrections, deletions and additions to a client's file</b></p> <p>According to Principle 7, <i>Privacy Act 1988 (Cth)</i> a current or former client who believes information recorded about him/herself is inaccurate or has been used for an improper purpose may request that the information be corrected, deleted or amended.</p> <p>A request that personal information be corrected, deleted or amended will usually occur where:</p> <ol style="list-style-type: none"> <li>a factual error has been made in recording personal details, e.g. incorrect date of birth</li> <li>those recorded details are no longer current, e.g. change of address or</li> <li>actual happenings in an event involving the client are disputed.</li> </ol> <p>If a) or b) the employee/volunteer should draw a single line through the original entry (whiteout must not be used - it is important that the original entry can still be read). The amended details should then be added and initialled/signed by both parties.</p> <p>If c) and the employee/volunteer is <u>satisfied</u> with the client's version of events the correct details should be written beside the original statement, with the date and signature of the client and the employee/volunteer.</p> <p>If c) and the employee/volunteer is <u>unsatisfied</u> with the client's version of events or cannot recall the event or, in the case of a supervisor, has no knowledge of the event, a</p>

	copy of the client's statement should be attached to the record with the date and signature of the client and the employee/volunteer present noted.		
<b>Rationale:</b>	Records are used to give employees/volunteers a 'picture' of a particular client and/or client related situations that have taken place. It is therefore important that these are accurate.  An employee/volunteer must always be present when a client accesses his/her file – this allows a client to question any information and correct any perceived or real inaccuracies.		
<b>Relevant form/s:</b>	Na		
<b>Subtitle:</b>	<b>The destruction of client records</b>		
<b>Policy:</b>	Positive Change programs and employees/volunteers will comply with relevant aspects of the <i>Privacy Act 1988 (Cth)</i> when making decisions about destroying client records.  Positive Change will keep all client related records for a minimum period of 7 years. After this time records containing client related information are not to be destroyed without the permission of a supervisor.		
<b>Procedure:</b>	After a record has been kept for a minimum period of 7 years supervisors are to make a decision about whether or not to keep a record. In making his/her decision the supervisor is to take into consideration the potential for legal action to be triggered by events described in the record.  Confidential information must be carefully disposed of: <ul style="list-style-type: none"> <li>▪ paper files should either be burned or shredded</li> <li>▪ electronic records should be irretrievably deleted.</li> </ul>		
<b>Rationale:</b>	Positive Change considers that generally 7 years is sufficient time for a record to be kept. It is important to destroy documents containing personal information because, if they are not, confidentiality would be breached.		
<b>Relevant form/s:</b>	Na		
<b>Subtitle:</b>	<b>The recording of statistical information</b>		
<b>Policy:</b>	Positive Change will collect statistical information about the clients that access its services. The collection of statistical information will be done in accordance with all other policies/procedures outlined in this section of this document.		
<b>Procedure:</b>	The Outreach Coordinator and the Residential Coordinator are responsible for determining what statistics will be collected and who will be involved in collecting and collating this information.		
<b>Rationale:</b>	Accurate reliable statistics are a vital part of evaluating the services provided by Positive Change.		
<b>Related policies/procedures:</b>	Informed consent		
<b>Relevant form/s:</b>	<i>Monthly activity statement</i> – Outreach Services <i>Monthly team leader's report</i> – Positive Change general		
<b>Relevant document/s:</b>	<i>Privacy Act 1988 (Cth)</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Conflicts of interest and boundary issues**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services divisions
<b>Definition/s:</b>	Boundary issues and conflicts of interest arise when an employee/volunteer has more than one type of relationship with a client.
<b>Policy:</b>	Positive Change employees/volunteers will not allow boundary issues or conflicts of interest to have a negative impact on a client, on his/her relationship with a client or on Positive Change as an organisation.
<b>Procedure:</b>	<p>It is the responsibility of the employee/volunteer involved to inform a supervisor of the conflict of interest. <b>An employee/volunteer must do so even if he/she does not believe that it will constitute a problem.</b> A decision should be made by a supervisor as to the appropriateness of admitting/retaining a person who has/had a current or previous association with a Positive Change employee working in the same program. An association includes but is not limited to:</p> <ul style="list-style-type: none"> <li>▪ a social relationship</li> <li>▪ a romantic relationship</li> <li>▪ a sexual relationship</li> <li>▪ a family relationship</li> <li>▪ a professional relationship</li> <li>▪ an economic relationship.</li> </ul> <p><b>Current/former professional relationships with clients</b></p> <p>If an employee/volunteer is currently working with or has worked with a client previously in a different setting (i.e. not through his/her Positive Change position) and has an obligation of confidentiality to the client under the other context, it is expected that an employee/volunteer will <u>not</u> breach confidentiality by giving personal information about the client to Positive Change and/or Positive Change employees/volunteers when the client becomes a participant in a Positive Change program. An exception to this is if the employee/volunteer has knowledge that the client would be a significant threat to the well being of others in the program. In this case it is expected that confidentiality be breached.</p> <p><u>Rationale:</u> Positive Change will respect all duties that employees/volunteers hold.</p> <p><b>Employee/volunteer knows relative/acquaintance of a potential/current client</b></p> <p>An example of this may include knowing socially the parent of a client in a program. If such a situation arises it must be considered whether or not the case management relationship would be negatively affected as a result.</p>

**Rationale:** It is possible that a client may feel betrayed or may have concerns about the level of confidence he/she can place in the employee/volunteer, given any possible conflicts of interest. If such a situation should arise it is suggested that the employee/volunteer who has/had the involvement should **not** be given primary case management responsibility for the client.

### **Sexual and/or romantic relationships with a current/former client**

It is unacceptable for any Positive Change employee/volunteer to have sexual contact with a current client of a Positive Change program. This contact is prohibited even if the sexual involvement is invited or initiated by the client and/or where 'consent' has been given by the client.

Unacceptable sexual contact includes: seductive sexual comments directed at an individual of the same or opposite sex, kissing, direct sexual touch or contact, oral sex and sexual intercourse.

Any employee/volunteer commencing a romantic/sexual relationship with a former client of a Positive Change program in which the employee/volunteer had involvement should be able to demonstrate that there was no coercion or exploitation involved in the commencement of the relationship as a result of the earlier employee/volunteer/client relationship and any authority the employee/volunteer has had over the client.

**Rationale:** In most instances a client who is accessing a Positive Change service is in a fragile state. The attention that is paid by the employee/volunteer can sometimes cause a client to desire to or feel he/she should engage in sexual relations with the employee/volunteer. This policy/procedure is a boundary intended to protect both the employee/volunteer and the client.

### **Running into current/former client in public**

Employees/volunteers should take their cue from the client in such a situation especially if the client is with other people. Usually it is best to smile and/or say 'hello' and leave it at that. If it appears that the client/former client would prefer not to have contact acknowledged, do not do so. If, however, the client appears to want to engage in conversation, handle the situation politely. If the client indicates (verbally or non-verbally) that you are to introduce yourself to his/her companions, do so by using your first name only, do not mention your organisation affiliation.

Often former clients from residential services will ask questions about clients who were in the program at the same time as he/she was. The employee/volunteer should take care to maintain confidentiality in such a situation.

**Rationale:** It is up to the client to make disclosures about his/her involvement in a Positive Change program if he/she so desires.

### **Business or economic relationships with a current/former client**

Under no circumstances is a Positive Change employee to enter into any business relations with a current client. An example of this would be purchasing a piece of

	<p>equipment at a reduced rate from a client. Employees/volunteers entering into a business relationship with a <u>former</u> client should be convinced, and be able to demonstrate, that the relationship has been entered into in a manner that has not been the result of manipulation or coercion by the employee/volunteer because of his/her former position of authority over the client.</p> <p><u>Rationale:</u> Entering into such a relationship may act to jeopardise the professional relationship that the employee/volunteer has with the client. There is also a risk that the client (or another person hearing about the situation) could believe that the employee/volunteer is further his/her own interests, even exploiting his/her position of authority. Hence even if the transaction is ‘above board’ it could be viewed sceptically by others (e.g. parents).</p> <p><b>Providing advice that goes against professional treatment</b> Positive Change employees/volunteers will not advise clients to discontinue receiving any medical or psychiatric treatment or any other form of professional service. If an employee/volunteer has significant concerns about such treatment he/she should speak to a supervisor. This situation may be remedied by suggesting to the client that he/she receive a second opinion from another adequately trained and licensed professional.</p>		
<b>Rationale:</b>	<p>See above – outlined with each procedure</p> <p><u>Underpinning values:</u> respect, integrity, excellence, leadership, Godly character <u>Underpinning principles:</u> safety, legality, respect</p>		
<b>Related policies/procedures:</b>	Na		
<b>Relevant form/s:</b>	<i>Staff appraisal form</i> – Positive Change general		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Contraband found on premises**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Definition/s:</b>	<p><u>Suspicious unknown substances (SUS):</u> A substance is described as a SUS if the employee/volunteer is not 100% sure what it is. Examples: a bag of small white pills would be described as a SUS but a bottle filled with amber coloured liquid labelled ‘Johnny Walker Scotch’ would not.</p> <p><u>Weapon:</u> any item (legal or illegal) that has the potential to cause harm to individuals, animals and/or property (e.g. knife).</p>
<b>Policy:</b>	<p>Positive Change reserves the right to ban certain items from its residential facilities. Potential clients are to be informed which items are banned prior to entering a residential program. Banned items brought onto or found on Positive Change premises will be dealt with appropriately.</p> <p><u>Alcohol and/or other drugs</u> Persons residing in a Positive Change residential facility are not permitted to consume, use or be in possession of illegal drugs, aerosols for the purpose of chroming or alcohol while on Positive Change premises.</p> <p><u>Pornography</u> Persons residing in a Positive Change residential facility are not permitted to possess pornographic material while on Positive Change premises.</p> <p><u>Weapons</u> Persons residing in a Positive Change residential facility are not permitted to possess a weapon while on Positive Change premises.</p>
<b>Procedure:</b>	<p><b>Known contraband</b></p> <p><u>A. Brought onto the premises</u></p> <p><u>Alcohol, known drug substances and pornography</u> Alcohol, known drug substances and pornography are to be confiscated and kept in a safe place (usually the office or locked in a filing cabinet) until the employee/volunteer is able to seek advice from a supervisor.</p> <p><u>Weapons</u> Any dangerous implements a client has upon entry to a Positive Change facility are to be handed to an employee/volunteer, recorded and stored in the office. If a client is carrying or hands over a firearm that the employee/volunteer considers may be illegal, he/she must inform the client that the weapon is not to be kept on the premises and that the police will be called.</p>

	<p>When the client leaves the program, employees/volunteers are to hand back to the client any ‘dangerous implement/s’ (such as knives) that have been stored in the office and are to instruct the client that he/she <u>must</u> pack all such implements in his/her bag/s and must not carry it/them on his/her person as this constitutes an offence.</p> <p>If a client attempts to use Positive Change property, for example a knife, as a weapon, the employee/volunteer should follow instructions in this document for dealing with violent behaviour.</p> <p><u>B. Found on the premises</u></p> <p><u>Known contraband</u></p> <p>If an employee/volunteer finds a known contraband (e.g. alcohol, spray paint, pornographic material, weapons) on Positive Change premises he/she is to confiscate the item and keep it in a safe place (usually the office or locked in a filing cabinet) until he/she is able to seek advice from a supervisor. The supervisor will decide if the item is to be disposed of or if it is to be kept and offered to the client when he/she leaves the program.</p> <p>The incident is to be recorded in the Handover material.</p> <p><u>Suspicious unknown substances</u></p> <p>If an employee/volunteer finds a suspicious unknown substance on Positive Change premises he/she is not to handle or take possession of the substance but to:</p> <ol style="list-style-type: none"> <li>a) ask the client or other person in possession of the substance to dispose of it (e.g. flush it down the toilet) or, if he/she will not</li> <li>b) ask the client to leave the facility with the substance or, if he/she will not</li> <li>c) contact the police.</li> </ol> <p>Please note that if the quantity of the substance is significant it may be necessary for the employee/volunteer to skip a) and b) and simply contact the police.</p> <p>If the employee/volunteer does not feel comfortable dealing with the situation at hand the employee/volunteer is to express this to his/her supervisor who will deal with the situation.</p> <p>The incident is to be recorded in the Handover material.</p>
<b>Rationale:</b>	<p>Positive Change chooses to ban the above mentioned items from its residential facilities because it believes that these items will not contribute positively to an environment where people are seeking healing from life-controlling problems.</p> <p>Care needs to be taken with <i>Suspicious Unknown Substances</i> as Positive Change, its employees or its volunteers could be held liable for any illegal drug substance found on Positive Change premises.</p> <p><u>Underpinning values:</u> Godly character  <u>Underpinning principles:</u> legality, safety</p>
<b>Related policies/</b>	Addiction

<b>procedures:</b>	Computers, client use of Confidentiality and the handling of client related personal information		
<b>Relevant form/s:</b>	<i>Handover – The Watershed</i> <i>Handover – Metamorphosis</i>		
<b>Relevant document/s:</b>	<i>Anti-Discrimination Act 1991 (Qld)</i> <i>Weapons Act 1990 (Qld)</i> <i>Drug Misuse Act Queensland 1986-1993</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002*
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006

\* Separate policies i.e. drugs/alcohol, pornography, weapons.



**Coordination with other agencies**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Definition/s:</b>	<u>Statutory agency:</u> A statutory agency is an agency that has the legal right to impose certain standards upon persons and/or groups. The police and government departments are statutory agencies. The statutory agencies that employees/volunteers will most commonly have dealings with are The <i>Department of Child Safety</i> and the <i>Department of Corrective Services</i> .
<b>Policy:</b>	<p>Positive Change employees/volunteers will maintain a high standard of integrity and professionalism when communicating with representatives of other organisations.</p> <p><u>Statutory agencies</u> Positive Change employees/volunteers will respect and comply with the requirements of statutory agencies when working with a client who has dealings with such an agency.</p> <p><u>Non-statutory agencies</u> Positive Change employees/volunteers will respect and work cooperatively with other non-government agencies when such are encountered in work undertaken with a client.</p>
<b>Procedure:</b>	<p><b>Contact with a statutory agency</b> The <i>Department of Child Safety</i> should be contacted when:</p> <ul style="list-style-type: none"> <li>▪ it becomes known that a client entering or residing at a Positive Change residential facility is subject to an Assessment Order, a Juvenile Justice Order or a Child Protection Order</li> <li>▪ a client subject to a departmental order is absent or absconds</li> <li>▪ a client ordered by the court to reside at a Positive Change residential facility as part of a Juvenile Justice order is absent or leaves without permission</li> <li>▪ actual or potential harm to a client (if under 18 years of age) is suspected</li> <li>▪ discussion about a client’s case plan or support needs, for example, identifying additional sources of support, is necessary.</li> </ul> <p><u>If the client does not want contact to be made in these situations</u> If a client is in the care of the <i>Department of Child Safety</i>, the employee/volunteer should speak to the client and determine whether it is the client’s Child Safety Officer (CSO) in particular that the client does not want contacted, or the department in general. If it is the CSO then the employee/volunteer may contact a superior of the CSO instead of the CSO him/herself if the client would prefer.</p> <p>If the client does not want the department contacted in general, the employee/volunteer</p>

is to explain to the client that it is necessary for contact to be made.

The *Department of Corrective Services* should be contacted when:

- it becomes known that a client entering or residing at a Positive Change residential facility is subject to an order
- a client ordered to reside at a Positive Change residential facility as part of an order is absent or absconds
- a client subject to a departmental order is absent or absconds
- discussion about a client's case plan or support needs e.g. identifying additional sources of support, is necessary.

### **Contact with a non-government agency**

Information provided should be limited to what is absolutely necessary and is to be shared with the consent of the client involved. When communicating with other agencies, Positive Change employees/volunteers will maintain standards of confidentiality outlined in this document and check the legitimacy of the call.

Where another non-government organisation has primary case management responsibility for a client applying to reside or currently residing in a Positive Change residential facility, or accessing any Positive Change service, it is necessary to gain signed consent from that client to discuss his/her information, situation et cetera with that agency. Provided consent is given, an employee/volunteer is free to pass on information to that agency provided he/she is sure that the person to whom he/she is speaking is a representative of the said agency. Unless the caller is known and easily identified by the Positive Change employee/volunteer, the employee/volunteer should call the agency back on the number that is known to be correct before giving out information.

Where another non-government organisation contacts a Positive Change service or residential facility to gather information on a former client (of Positive Change) an employee/volunteer should be careful to share only information that is related to the client's behaviour in the program. Personal details and information of a personal nature must not be shared with another agency processing a request for service by a client who has previously been involved with Positive Change. The validity of the phone call should be determined prior to the giving of any information. This would involve taking down the name and number of the agency and the name of the caller, checking the number against the number in the Directory and calling back. Information should be provided only if the employee/volunteer is sure that the agency is a legitimate body involved in the services described, for example, another youth shelter.

Where employees/volunteers from a Positive Change residential facility attempt to gather information on a potential client by contacting accommodation or other services that a client has previously accessed, the client must consent to a Positive Change employee/volunteer doing this. If the client refuses to give consent, the client will be informed that Positive Change is unable to offer him/her accommodation.

	<p><b>Determination of case management responsibility – The Watershed</b></p> <p>Depending on the specific circumstances of a case, primary case management responsibility may rest with a Positive Change program, with a statutory agency such as the <i>Department of Child Safety</i> or the <i>Department of Corrective Services</i> or with a non-government agency.</p> <p>The agency that has primary case management responsibility should determine the client’s case plan and the daily management of the client’s needs.</p> <p>The <i>Department of Child Safety</i> will have primary case management responsibility when:</p> <ul style="list-style-type: none"> <li>▪ the client is subject to a relevant order i.e. Assessment Order, Child Protection Order, Juvenile Justice Order</li> <li>▪ a child protection notification in relation to the client is being assessed by the <i>Department of Child Safety</i></li> <li>▪ the client is homeless and an assessment is being conducted by the <i>Department of Child Safety</i> in relation to a Centrelink application for income support.</li> </ul> <p>The <i>Department of Corrective Services</i> may have primary case management responsibility when the client is subject to a relevant order i.e. Probation Order.</p> <p>It may happen that another non-government agency will require Positive Change accommodation services for a client for whom that agency provides or intends to provide an ongoing case management service. In such a situation Positive Change should offer accommodation support to the client, with the other agency retaining responsibility for formal casework tasks. Positive Change would be responsible for the provision of the daily physical needs of the client. In such a situation it is expected clients will participate in all relevant aspects of the program at The Watershed.</p>		
<b>Rationale:</b>	<p>Positive Change is committed to the provision of professional services to clients and as such sees value in the input from other professionals and services.</p> <p>The above policy/procedure seeks to guide employees/volunteers in upholding the principles of respect and legality.</p> <p>Positive Change recognises and will respect responsibilities held by statutory agencies.</p> <p><u>Underpinning values:</u> integrity, respect, excellence, Godly character, relationships  <u>Underpinning principles:</u> participation, respect, legality, safety</p>		
<b>Related policies/procedures:</b>	<p>Abuse of children and young people  Confidentiality and the handling of client related personal information  Criminal behaviour  Referrals to other agencies</p>		
<b>Relevant form/s:</b>	<p><i>Release of information form</i> – Positive Change general</p>		
<b>Relevant document/s:</b>	<p><i>Child Protection Act 1999 (Qld)</i>  <i>Juvenile Justice Act 1992 (Qld)</i></p>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Counselling (including spiritual aspects)**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Definition/s:</b>	<p><u>Formal counselling and informal counselling:</u> There are two forms of counselling that take place within Positive Change programs, formal and informal. Formal counselling should be conducted by a person who possesses suitably recognised qualifications. Team Leaders, Youth Workers, Coordinators and volunteers engage in ‘informal’ counselling.</p> <p>Casework engaged in with clients may constitute informal counselling as do conversations that employees/volunteers have with clients when the issues discussed are of a personal and/or spiritual nature.</p>
<b>Policy:</b>	<p>Positive Change employees/volunteers will conduct informal counselling around personal and/or spiritual issues in a manner that is respectful and sensitive and in which the employee/volunteer demonstrates appropriate communication skills.</p> <p>Employees/volunteers will remain sensitive in the operation of spiritual gifts with spiritual practices to be conducted only under the direction of a relevant member a supervisor.</p> <p>Positive Change employees/volunteers will be mindful when interacting with clients that what they <i>do</i> will have just as much impact on the client as what they <i>say</i>. The attitude and demeanour of an employee/volunteer, in all situations and in all interactions with clients in Positive Change programs, will ideally reflect the attitude of Christ. This was one of humility, patience, long-suffering, self-sacrifice and service.</p>
<b>Procedure:</b>	<p>When sharing his/her faith with a client/s a Positive Change employee/volunteer will not presume that all clients will want to participate in, or even be receptive to, either discussions about spiritual matters or interventions that are conducted in a Christian way. Employees/volunteers will obtain consent from the client and honour his/her choice regarding the use of spiritual practices, including, but not limited to prayer, references to or reading of the bible, spiritual meditation or any other common Christian spiritual practices.</p> <p><b>Upon entry</b> When entering into a long term placement in a Positive Change residential facility where spiritual development and discipleship form the basis of the helping process, it is essential that employees/volunteers involved in the referral and intake processes discuss this with the client <u>prior</u> to entry.</p>
<b>Rationale:</b>	Access to and participation in a Positive Change program is <u>not</u> dependent upon the

	<p>client being or becoming a Christian. Positive Change acknowledges that it is neither lawful nor ethical to ‘force’ Christian beliefs and/or practices upon a client. Positive Change realises that such an attempt would be futile in having a positive effect on the client. However, Positive Change believes that faith in Jesus Christ will have a positive effect on all clients.</p> <p><u>Underpinning values:</u> integrity, respect, pastoral care, Godly character, Christian faith  <u>Underpinning principles:</u> respect, legality, safety, participation</p>		
<b>Related policies/procedures:</b>	Informed consent		
<b>Relevant form/s:</b>	<i>Initial assessment forms</i> – Metamorphosis		
<b>Relevant document/s:</b>	<i>Residents handbook</i> – The Watershed <i>A guide to the Metamorphosis</i> – Metamorphosis		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Criminal behaviour**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Policy:</b>	<p>Positive Change employees/volunteers will assist clients to make responsible decisions with regard to their criminal behaviour.</p> <p>Positive Change employees/volunteers will act to protect third parties from any <u>serious</u> criminal behaviour of clients accessing Positive Change services.</p> <p><b>Stolen property</b> Property that is known to be stolen will not be kept on Positive Change premises; rather it will be returned to its rightful owner, or if that is not possible, disposed of in an appropriate manner at the discretion of a supervisor.</p> <p>Positive Change employees will assist clients who report having their personal property damaged or stolen.</p> <p><b>Damage to Positive Change property</b> If property has been damaged by a client it will usually be expected that the person who did the damage will pay for repairs or replace the item with one of equal value. All such matters should be referred to a supervisor to discuss what action should be taken.</p>
<b>Procedure:</b>	<p>If an employee/volunteer learns of a client’s criminal behaviour the employee/volunteer is to:</p> <ul style="list-style-type: none"> <li>▪ conduct a risk assessment (see Appendix C) to determine the seriousness of the criminal act. The employee/volunteer should take the following into consideration: <ul style="list-style-type: none"> <li>- the seriousness of the consequences of the act upon any victims</li> <li>- the likelihood that the client will continue to offend if nothing is done</li> <li>- the potential threat that the client would be to other people/property if allowed to continue to offend</li> <li>- the effect having to face the consequences of his/her actions would have upon the client</li> </ul> </li> <li>▪ discuss with the client the negative consequences of illegal behaviour</li> <li>▪ encourage the client to take responsibility for his/her actions</li> <li>▪ if the client wants to, contact police to make a report.</li> </ul> <p>Where the matter is of a serious nature (high or very high risk) the employee/volunteer is to inform his/her supervisor and discuss with the supervisor whether or not the criminal act is considered sufficiently serious to warrant reporting to the police against the wishes of the client.</p>

	<p><b>Report of theft by client</b></p> <p>If it is discovered that Positive Change property is missing or if a client reports that he/she has had an item/s stolen, it is recommended that the employee/volunteer ask all clients in the program to assemble in a particular area and explain what has happened. The employee/volunteer should give the culprit the opportunity to ‘own up’ or return the property quietly. The issue is not so much to know who took the property but rather to have the property returned and this should be stressed when discussing the issue with the clients.</p> <p>If no-one owns up, a property search may be in order. This should be conducted as per relevant section in this document.</p> <p>Special caution should be exercised when it is claimed that money has been stolen from a client as it is almost impossible to prove ownership of cash (by either the complainant or a person found with the correct sum of money in his/her possession).</p> <p>In a situation where property has been stolen it is a good opportunity to remind clients of the reasons why it is suggested that valuables be stored in the safe in the office.</p> <p><b>Stolen property found on premises</b></p> <p>If property that is believed to have been stolen is found on the premises:</p> <ul style="list-style-type: none"> <li>▪ the employee/volunteer should ascertain which client currently has possession of the property</li> <li>▪ if the client is still a participant in the program, the employee/volunteer should speak to the client about the ownership of the property and encourage the client to return the property to its rightful owner</li> <li>▪ if the property belongs to another participant in the program it should be returned to that client</li> <li>▪ if the client who owns the property is no longer in the program, he/she should be contacted (if that is possible) and the goods returned</li> <li>▪ if the property belongs to an employee/volunteer or to Positive Change it should be returned to its owner</li> <li>▪ if the property belongs to someone outside of the facility the property should either be returned to the owner (if determinable) or else handed to the police</li> <li>▪ if the client is not cooperative in this process, he/she should be warned that his/her access to the program may be terminated if he/she does not cooperate. Such a matter is to be referred to a supervisor.</li> </ul> <p>The incident should be recorded in the Handover material.</p>
<p><b>Rationale:</b></p>	<p>It is neither reasonable nor desirable for an employee/volunteer to ‘dob’ clients in for any and every criminal act that is ‘heard’ about in the course of their duties. However, there are some criminal acts (such as murder, rape) the seriousness of which compels employees/volunteers to take action. Positive Change employees/volunteers are provided with the above guidelines to make an appropriate decision in light of the specifics of any situation they encounter.</p> <p>According to common law it is possible that failure on the part of Positive Change or an individual employee/volunteer to protect a third party from harm could result in</p>

	legal liability. <u>Underpinning values:</u> integrity, respect, excellence, pastoral care, Godly character, relationships, leadership <u>Underpinning principles:</u> safety, legality, participation, respect		
<b>Related policies/procedures:</b>	Confidentiality and the handling of client related personal information Searching Valuables and personal property		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	See Appendix C for information about conducting a risk assessment <i>Criminal Code 1899 (Qld)</i> <i>Drug Misuse Act 1986-1993 (Qld)</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Death of a client in a residential program**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Policy:</b>	After the death of a client Positive Change will adhere to legal requirements and offer support to bereaved clients still in the program.
<b>Procedure:</b>	<p><b>Found on premises</b>            In a case where a client is found dead (or suspected to be dead) on Positive Change premises the ambulance is to be contacted immediately. The body is not to be moved or interfered with in any way and the surrounding area is not to be disturbed.</p> <p><b>Who to inform after the death</b>            It is the responsibility of the relevant Team Leader to compile a list of all persons who are to be contacted after the death of a client and to ensure that all such persons are contacted.</p> <p><u>Employees/volunteers</u>            Positive Change employees/volunteers involved in the program are to be told that the client has passed away and some details regarding the cause and circumstances surrounding the death. If a Positive Change employee/volunteer who has recently resigned his/her position had significant contact with the client, he/she should be informed of the client’s death.</p> <p><u>Parents/relatives/friends of deceased person</u>            The person/s listed as the person to contact in case of emergency should be contacted. It is then up to him/her to contact other relatives, friends etc. If parents/relatives request to view a client’s file a decision is to be made by a supervisor regarding the appropriateness of the file being viewed. Please note: the laws regarding privacy do not apply to deceased persons. Current information would suggest that Positive Change has no legal obligation to allow any person to view the file.</p> <p><u>Clients/former clients</u>            In a residential program current clients are to be told if the client died while still in the program or if he/she had left the program shortly before his/her death and it is considered appropriate by the Team Leader. Upon hearing the news it is possible a current client will respond by saying that he/she wants to leave immediately. If this happens an employee/volunteer is to do his/her best to persuade the client not to leave impulsively. Obviously the employee/volunteer cannot force the client to stay. If the client is saying he/she is going to leave and the employee/volunteer is concerned that the client is suicidal he/she is to follow the relevant procedure.</p>

	<p>When deciding whether or not to inform a client who has left the program before the death, consider the following, where possible with the assistance of a supervisor:</p> <ul style="list-style-type: none"> <li>▪ the closeness of the former client to the deceased</li> <li>▪ whether he/she will hear about it anyway and it would be better if the news came from a Positive Change employee/volunteer</li> <li>▪ the mental/emotional stability of the former client</li> <li>▪ the level of support available to him/her after he/she has been told</li> <li>▪ whether or not he/she intended to have future contact with the deceased.</li> </ul> <p><u>Record keeping</u> An <i>Incident Report Form</i> is to be filled out about the incident. Other records should be kept on the progress of clients remaining in the program.</p>		
<b>Rationale:</b>	<p>If the client was residing in a Positive Change residential facility Positive Change has a duty to inform the relevant statutory authority that the person has died and allow that authority to investigate the cause of death.</p> <p>Current and recently departed Positive Change employees/volunteers/clients as well as the parents of the deceased have the right to know that the client has passed away and some details regarding the cause and circumstances surrounding the death.</p> <p>It is suggested that care be taken regarding the risk of suicide because of the vulnerability of Positive Change’s clientele and the contagious nature of suicidal behaviour.</p> <p><u>Underpinning values:</u> respect, pastoral care, relationships <u>Underpinning principles:</u> respect, safety</p>		
<b>Related policies/procedures:</b>	Criminal behaviour Trauma		
<b>Relevant form/s:</b>	<i>Profile form</i> – The Watershed <i>Contact form</i> – Metamorphosis <i>Incident report form</i> – Positive Change general		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



## Disability

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions		
<b>Policy:</b>	<p>Positive Change will not discriminate against a client because he/she has a physical or intellectual disability unless the severity or nature of the client’s disability is such that it would be unreasonable for Positive Change to maintain the client in the program.</p> <p>Positive Change may be unable to offer or continue to offer residential services to a client with a physical or intellectual disability if:</p> <ul style="list-style-type: none"> <li>▪ the level of need of that client exceeds the resources of the program, or</li> <li>▪ the client’s condition will interfere/is interfering significantly and adversely with the needs of other clients in the program.</li> </ul> <p>In such a case, other services should be considered for the client.</p>		
<b>Procedure:</b>	Decisions about the suitability of offering or continuing to offer services to a client with a physical and/or intellectual disability will usually be referred to a supervisor.		
<b>Rationale:</b>	Positive Change would like to offer its services to all who need them. However, it would be irresponsible for Positive Change, its programs, its employees and its volunteers to offer a service beyond the scope of its resources.		
<b>Related policies/procedures:</b>	Access and equity		
<b>Relevant form/s:</b>	<i>Phone referral form</i> – The Watershed <i>Initial assessment forms</i> – Metamorphosis		
<b>Relevant document/s:</b>	<i>Anti-Discrimination Act 1991 (Qld)</i> <i>Disability Discrimination Act 1992 (Cth)</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Aug 2003
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Discipline**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Policy:</b>	Discipline in Positive Change programs will involve encouraging and rewarding good behaviour, correcting and modifying poor behaviour, encouraging responsibility and providing guidance for working towards the establishment and maintenance of a co-operative, caring environment that can be enjoyed by all.
<b>Procedure:</b>	<p>Discipline in Positive Change programs:</p> <ul style="list-style-type: none"> <li>▪ will be administered by employees <u>only</u> unless the situation is an emergency (see emergencies policy/procedure to determine whether or not situation constitutes an emergency)</li> <li>▪ will be administered uniformly</li> <li>▪ will involve education about appropriate behaviour</li> <li>▪ will involve, where possible and necessary, the client making restitution (eg apologising, cleaning up a mess they made, fixing or paying for damages)</li> <li>▪ will be given only where appropriate and where it is considered that a verbal reprimand will not suffice or where a verbal reprimand has failed to correct the behaviour previously</li> <li>▪ will involve consequences that inspire an effort to succeed and will not overwhelm the client with his/her failure</li> <li>▪ will <u>not</u> be delivered in anger</li> <li>▪ will <u>not</u> involve physical contact or any action that could result in harm to the client</li> <li>▪ will <u>not</u> involve deprivation of basic needs (e.g. meals)</li> <li>▪ will <u>not</u> be administered without the client being made aware of the reasons why he/she is being disciplined.</li> </ul> <p>When an employee/volunteer needs to discipline a client he/she should seek advice from a supervisor to establish what discipline would be appropriate in the particular situation.</p> <p>A record should be kept of all discipline delivered. The reason for giving the discipline must also be recorded.</p>
<b>Rationale:</b>	<p>Discipline is provided within Positive Change programs to provide guidance for clients with regards to appropriate behaviour.</p> <p><u>Underpinning values:</u> integrity, respect, pastoral care, Godly character, relationships, leadership</p> <p><u>Underpinning principles:</u> safety, participation, respect</p>
<b>Related policies/</b>	Dismissal of a client

<b>procedures:</b>	Emergencies Referral to other agencies Any policy/procedure relevant to the area of misbehaviour (e.g. Absconding, Bullying, Criminal behaviour, Violent aggressive behaviour)		
<b>Relevant form/s:</b>	<i>Inappropriate behaviours form</i> – The Watershed <i>Discipline form</i> – Metamorphosis		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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**Diseases – infectious and degenerative**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Policy:</b>	<p><b>Pathology tests</b> Pathology tests will be conducted on all clients applying to enter the Metamorphosis. The results of all pathology tests conducted for the purpose of entry into the Metamorphosis or while a client is in a Positive Change program are to be viewed by a medical doctor as well as a Positive Change employee/volunteer.</p> <p><b>Infectious</b> Positive Change will not prevent access to a Positive Change residential program because a client has an infectious disease unless medical advice would indicate that the client would place other clients, employees and/or volunteers at significant risk.</p> <p>In all contact with clients Positive Change employees/volunteers will conduct themselves, and encourage clients to conduct themselves, in such a way that the risk of infection is nullified.</p> <p><b>Degenerative</b> If it is discovered that a client applying to enter or currently residing in a Positive Change residential facility has an illness that has the potential to lead to a decrease in the ability of the client to function, employees/volunteers should obtain medical reports that give Positive Change information about the suitability of accepting or retaining the client in the residential facility. Employees/volunteers should consult with a supervisor about such an issue.</p>
<b>Procedure:</b>	<p><b>Infectious</b> In order to protect employees, volunteers and clients from transmission of hepatitis and other infectious diseases, employees/volunteers should adhere to Positive Change’s relevant procedures (cleanliness and hygiene) and, where appropriate, encourage clients to do the same.</p>
<b>Rationale:</b>	<p>Positive Change residential facilities are not medical care facilities and as such do not provide 24 hour on-site medical supervision. Therefore, all clients entering a Positive Change program are to be in reasonable health and able to participate in the activities of the facility. With regards to ensuring that pathology results are viewed by a medical doctor the reason for this is that if a client is found to have a condition that he/she was previously unaware of, he/she will have the opportunity to speak to a medical practitioner.</p> <p><b>Infectious</b></p>

	<p>In determining the application of this policy Positive Change employees/volunteers will consider on the one hand refusing service and discriminating against a client on the basis of an infectious disease and on the other hand its duty to protect clients, employees and volunteers.</p> <p><b>Degenerative</b> It is quite possible that Positive Change would not have the appropriate resources to be able to offer services to a person with a serious degenerative disease.</p> <p><u>Underpinning values:</u> respect, pastoral care <u>Underpinning principles:</u> respect, safety, legality</p>		
<b>Related policies/procedures:</b>	Cleanliness and hygiene Illness and injury		
<b>Relevant form/s:</b>	<i>Phone referral form</i> – The Watershed <i>Initial assessment form</i> – Metamorphosis		
<b>Relevant document/s:</b>	See Appendix B for a worked example of applying this policy/procedure <i>Anti-discrimination Act 1991 (Old)</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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## Dismissal of a client

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	<p>Service to a client accessing a Positive Change program should not be discontinued unless absolutely necessary and unless attempts are made to refer the client to another appropriate service. Only a supervisor is authorised to make the decision to dismiss a client from a program. The <i>only</i> exception to this is where retaining the client in the facility would put another person or persons in the facility at immediate risk of sustaining physical or sexual harm.</p> <p>Upon leaving a residential program all clients are to be given an ‘Aftercare card’ which contains information about follow up available to clients through the Outreach Services Division.</p>		
<b>Procedure:</b>	<p>If services to a client are to be discontinued:</p> <ul style="list-style-type: none"> <li>▪ the client is to be given as much warning as possible that his/her access to the service is being terminated</li> <li>▪ the client is to be provided with the name, address and telephone numbers of at least two alternative services if assistance is still required</li> <li>▪ when the client is accessing the program as part of a court-order, if possible, discontinuation of services should be discussed with the relevant authority prior to the dismissal occurring</li> <li>▪ if during the stay at a residential facility the client (previously a drug user) has abstained from drug use for a period, the employee/volunteer should ensure that the client is aware of possible problems associated with returning to use (e.g. low tolerance) and harm minimisation strategies are to be discussed</li> <li>▪ all relevant decisions and actions related to the termination of services to a client need to be documented carefully and signed.</li> </ul>		
<b>Rationale:</b>	<p>Positive Change, its programs, its employees and its volunteers have a duty of care to clients. If the manner of dismissal puts a client at risk there could be legal liability.</p> <p><u>Underpinning values:</u> respect, pastoral care, relationships  <u>Underpinning principles:</u> safety, legality, respect, participation</p>		
<b>Related policies/procedures:</b>	<p>Confidentiality and the handling of client related personal information            Coordination with other agencies            Discipline            Referrals to other agencies</p>		
<b>Relevant form/s:</b>	<p><i>Handover</i> – The Watershed  <i>Discharge form</i> – The Watershed  <i>Handover</i> – Metamorphosis  <i>Discharge form</i> – Metamorphosis</p>		
<b>Relevant document/s:</b>	Referral documents to be found at each facility		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittaker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittaker (Director)	<b>Date:</b> Jan 2006



**Dress code for clients**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	<p>Clients residing in Positive Change residential facilities will wear suitable attire at all times and, in particular, will not walk around or sleep naked or semi-naked except in situations where it would be considered socially appropriate (e.g. in extreme heat or swimming). Furthermore, clients will not wear clothing that denotes alcohol and/or drug use, explicit sexual graphics, occultic symbolism or words that encourage violent actions.</p> <p>All clients residing in a Positive Change residential facility will wear appropriate footwear at all times. (Appropriate to be determined by the relevant Team Leader.)</p>		
<b>Procedure:</b>	<p>Clients should be informed of the Positive Change policy regarding dress at intake. If a client fails to comply with the policy he/she will be spoken to and where necessary a request will be made that the client change his/her clothing to something more appropriate.</p> <p>If a client refuses to comply with the standards of dress outlined the employee/volunteer is to follow the policy/procedure for discipline.</p>		
<b>Rationale:</b>	<p>There are a number of reasons why Positive Change chooses to set standards for dress in its residential facilities. These include:</p> <ul style="list-style-type: none"> <li>▪ the belief that the items concerned will not contribute positively to an environment where people are seeking healing from life-controlling problems</li> <li>▪ concerns about hygiene</li> <li>▪ concerns about safety.</li> </ul> <p><u>Underpinning values:</u> respect  <u>Underpinning principles:</u> safety, respect, participation</p>		
<b>Related policies/procedures:</b>	Discipline Environment		
<b>Relevant form/s:</b>	<i>Inappropriate behaviours form</i> – The Watershed <i>Discipline form</i> – Metamorphosis		
<b>Relevant document/s:</b>	<i>A guide to the Metamorphosis</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



## Emergencies

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions		
<b>Definition/s:</b>	<u>Emergency:</u> Positive Change defines an emergency as any situation where an individual or group is in imminent danger.		
<b>Policy:</b>	Positive Change employees/volunteers will take reasonable steps to protect clients in their care from harm. If a dangerous situation is such that it is beyond the control of those present, employees/volunteers will engage external assistance appropriate to the nature and seriousness of the emergency.		
<b>Procedure:</b>	<ul style="list-style-type: none"> <li>▪ if the situation is life threatening and imminent, phone 000</li> <li>▪ if the emergency is of a medical nature, contact the local hospital/ambulance</li> <li>▪ if the emergency is related to behaviour management, contact a supervisor or the local police</li> <li>▪ if the emergency is related to drugs or other substances, contact a drug line or hospital. If an overdose is suspected do not take the risk of transporting the client to hospital yourself but call an ambulance and follow any directions given. If the client is conscious, ask him/her first about what he/she has taken, call poison information on 13 1126 for further advice, call the ambulance if necessary</li> <li>▪ phone numbers for ambulance, police and poisons information should be listed clearly near the phone.</li> </ul> <p>If the life of the client involved is threatened or if he/she wishes you to contact his/her next of kin and you are able to do so, please do.</p> <p>As soon as possible after the incident is over those involved should write a detailed record.</p>		
<b>Rationale:</b>	Positive Change has a duty of care to the clients in its care.		
	<u>Underpinning values:</u> pastoral care		
	<u>Underpinning principles:</u> safety		
<b>Related policies/procedures:</b>	Confidentiality and the handling of client related personal information Emergencies First aid Illness and injury		
<b>Relevant form/s:</b>	<i>Profile form</i> – The Watershed <i>Contact form</i> – Metamorphosis		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Environment**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Positive Change will provide for clients a healthy environment that is positive, safe, structured and supportive and provides opportunities for belonging and skill building.		
<b>Procedure:</b>	<p>Positive Change employees/volunteers are to ensure that a healthy environment is maintained at all times. The following in particular must be avoided:</p> <ul style="list-style-type: none"> <li>▪ aggressive speech or behaviour</li> <li>▪ vulgar, crude, abusive or blasphemous language or behaviour</li> <li>▪ the playing of music with offensive lyrics</li> <li>▪ attempting to degrade individuals or groups (even if it seems harmless)</li> <li>▪ talking about one’s drug or criminal past in a manner that glorifies it</li> <li>▪ talking about previous suicidal/self-harming behaviour in a manner that glorifies it</li> <li>▪ use of drugs, alcohol and/or other mood altering substances.</li> </ul> <p>If a client is engaging in any of the above mentioned behaviours or another behaviour that is contrary to the maintenance of a healthy environment he/she should be informed that the behaviour will not be tolerated. If the client persists the employee/volunteer should follow the discipline procedure.</p>		
<b>Rationale:</b>	<p>Positive Change seeks to develop young people who are healthy physically, psychologically, socially and spiritually. Positive Change believes that in order to promote positive development a healthy environment containing positive inputs is essential.</p> <p>It is believed that the actions outlined in the procedures are inputs that would make the environment unhealthy for clients.</p> <p><u>Underpinning values:</u> Godly character, relationships  <u>Underpinning principles:</u> participation, respect, safety</p>		
<b>Related policies/procedures:</b>	<p>Abuse  Addiction  Bullying  Chores/work duties  Cleanliness and hygiene  Contraband found on premises  Discipline  Self-harm/self-mutilation  Suicidal behaviour and/or ideation</p>		
<b>Relevant form/s:</b>	<p><i>Inappropriate behaviours form</i> – The Watershed  <i>Discipline form</i> – Metamorphosis</p>		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Excursions and camps**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Definition/s:</b>	<p><u>An excursion:</u> an excursion is a supervised day-only trip involving clients. Short trips in the immediate area such as visits to the park, a café or a local agency do not constitute an excursion</p> <p><u>A camp:</u> a camp is a supervised over-night trip involving clients, whether actually a camp or some other form of supervised overnight trip involving clients (eg going to a conference).</p>
<b>Policy:</b>	Positive Change believes that excursions and camps can be a valuable part of involvement in a residential program. Whenever engaging in an excursion or camp Positive Change employees/volunteers will seek to ensure that these events are safe, harmonious and enjoyable for all clients.
<b>Procedure*:</b>	<p><b>Planning</b></p> <p>Employees/volunteers involved are to develop a written project plan for the excursion (or series of related excursions) or camps, which includes:</p> <ul style="list-style-type: none"> <li>▪ program outline including travel plan, destination and activities</li> <li>▪ a risk assessment</li> <li>▪ involvement from clients</li> <li>▪ an action plan to prepare for the event</li> <li>▪ expectations, rules and consequences for clients during the excursion/camp</li> <li>▪ staffing and roles during the event</li> <li>▪ the budget for the event.</li> </ul> <p>The employees/volunteers are to get approval for all parts of the plan from the relevant supervisor.</p> <p>It is important to evaluate the excursion or camp (and produce a written document) and to use evaluations of past events to inform planning of future events.</p> <p><b>Risk assessment</b></p> <p>Conduct a risk assessment for the excursion or camp (see Appendix C), identifying risks and detailing strategies to eliminate or minimise the risks, including for example:</p> <ul style="list-style-type: none"> <li>▪ risk factors specific to the clients who attend, including behaviour, medications, disabilities</li> <li>▪ the journey there and back</li> <li>▪ if a client leaves the group or fails to return (absconding)</li> <li>▪ the venue or location of the activities (including buildings, bushland, etc)</li> <li>▪ other organisations or individuals providing services such as chartered buses,</li> </ul>

- accommodation, guides, instructors etc
- the potential for drug use, conflict, violence
- the consequences of illnesses
- fresh food preparation
- specific activities (e.g. swimming, bushwalking)
- adverse weather, flooding, bushfire etc
- supervisors (accidents, misconduct etc)
- other people present on the journey or at the destination
- miscellaneous hazards.

**Location factors**

For locations with unknown or variable conditions (eg bushland), get input into the risk assessment from someone who has been to the location recently. For rural or isolated areas check the mobile phone coverage. Check the latest weather forecast and bushfire danger immediately before entering bushland, creeks and rivers etc.

If the excursion/camp is to be held in an isolated area an employee/volunteer is to inform the local police and/or the local rangers. Local rangers would also be able to provide input into the risk assessment.

**Vehicle safety**

As per the relevant section. If the distance to be travelled is considerable extra precautions may be in order.

**Risky activities on excursions and camps**

Higher risk skilled activities (eg abseiling, swimming, bushwalking in isolated area etc) require an appropriate number of skilled persons. These persons might be employees/volunteers from Positive Change, guides and instructors contracted by Positive Change or employed by the venue, or public officials or volunteers such as surf life savers at a beach. The employee/volunteer organising the excursion is responsible to ensure that the number of skilled persons is adequate for the activity.

**Staffing for excursions**

An excursion should have a minimum of two employees/volunteers (may include 1 appropriate senior student) for up to 12 clients and then a ratio of one employee/volunteer for every 12 clients. This number can be adjusted up or down according to the assessed level of risk. One employee/volunteer may be sufficient for a group of up to 12 clients if:

- the clients are well known to the employee/volunteer and it is assessed that they do not pose any special risk
- if the activity and location are assessed as reasonably low risk.

An excursion should have at least one employee/volunteer who is first aid qualified.

**Staffing for camps**

A camp should have a minimum of two employees/volunteers for up to 12 clients and then a ratio of one employee/volunteer per 6 clients. For a mixed sex camp there is to

	<p>be at least one male and one female employee/volunteer. For a single sex camp the majority of the employees/volunteers should be of the same sex as the clients.</p> <p>A camp with over 12 clients is to have at least two employees/volunteers who are first aid qualified.</p> <p><b>Sleeping arrangements</b> For a mixed sex camp males and females are to be accommodated separately.</p> <p><b>Discuss expectations, rules and consequences</b> It is important for the employees/volunteers attending the camp to meet with all the clients before the trip to discuss expectations, rules and consequences.</p> <p><b>If a client leaves the group or fails to return during the excursion or camp</b> The employee/volunteer is to follow the absconding policy/procedure in this document.</p>		
<b>Rationale:</b>	<p>Positive Change wants to maximise the level of personal development, enjoyment and safety that clients experience during the event.</p> <p><u>Underpinning values:</u> excellence, respect, pastoral care <u>Underpinning principles:</u> legality, respect, participation, safety</p>		
<b>Related policies/procedures:</b>	<p>Absconding Emergencies Environment First aid Mental illness Self-harm/self-mutilation Suicidal behaviour and/or ideation</p>		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	See Appendix C for information regarding conducting a risk assessment		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006

\*Positive Change would like to acknowledge YAPA for the information provided in this procedure.



**First aid**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions		
<b>Policy:</b>	<p><b>Residential Services Division</b> At all times supervision of a client/s will involve the presence of at least one employee/volunteer who possesses a current Senior First Aid Certificate. Each centre and each motor vehicle will possess an adequately stocked First Aid Kit. The First Aid Kit will be clearly labelled, easily accessible and all employees/volunteers will be made aware of its location. It is the responsibility of the Team Leader to ensure that this is the case.</p> <p><b>Outreach Services Division</b> It is preferable, but not essential, that all employees/volunteers possess a current Senior First Aid Certificate.</p> <p><b>Both Divisions</b> First Aid that is administered by employees/volunteers will be in accordance with procedures that act to minimise the transfer of infection between the client and the employee/volunteer. Whenever First Aid is administered an <i>Incident report form</i> is to be filled out.</p>		
<b>Procedure:</b>	<p>Employees/volunteers will wear gloves whenever administering first aid to clients.</p> <p>Each First Aid Kit will:</p> <ul style="list-style-type: none"> <li>▪ include appropriate antiseptic solution</li> <li>▪ include disposable gloves</li> <li>▪ include a mask suitable for expired air resuscitation</li> <li>▪ be clean and orderly</li> <li>▪ be regularly checked and replenished as necessary</li> <li>▪ not contain items that are past their expiry date.</li> </ul>		
<b>Rationale:</b>	<p>Positive Change has a duty of care to clients in its care.</p> <p><u>Underpinning values:</u> pastoral care <u>Underpinning principles:</u> legality, safety</p>		
<b>Related policies/procedures:</b>	<p>Cleanliness and hygiene Diseases – infectious and degenerative Illness and injury</p>		
<b>Relevant form/s:</b>	<i>Incident report form</i> – Positive Change general		
<b>Relevant document/s:</b>	First Aid Manual		
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**Illness and injury**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Policy:</b>	<p>Positive Change employees/volunteers will respond to the illness of and/or an injury sustained by a client in a manner appropriate to the severity of the illness/injury.</p> <p>In the absence of evidence that the client is not sick an employee/volunteer should not challenge the validity of a client’s claim to be ill. However, an employee/volunteer should take care not to allow a client to use illness as an excuse to avoid activities that he/she does not enjoy while continuing to participate in other activities (that the client does enjoy).</p> <p>Employees/volunteers will not give consent for medical operations on minors. Crisis Care or a minor’s parents must be contacted if an operation is requested for a client under 18 years of age.</p>
<b>Procedure:</b>	<p>If a client incurs or develops a minor complaint that can be treated by an employee/volunteer this should be done. This could include giving a client a Band-Aid.</p> <p>The development of a major medical condition should be directed immediately to a doctor or hospital. If the complaint is such that it demands immediate attention an ambulance should be called.</p> <p>A client may be allowed to spend the day in bed if suffering from, for example, a high temperature, diarrhoea or vomiting or a previously confirmed medical condition. In cases of potentially infectious diseases employees/volunteers are to seek to avoid cross infection.</p> <p>If the client claims to be sick and it is possible (and reasonable) to seek a medical opinion, the employee/volunteer is to do so. Let the doctor decide whether or not the client is sick. If employees/volunteers need to take a client to the doctor frequently, speak to the client and his/her doctor (with client’s permission) about how the situation could be rectified.</p> <p>If an employee/volunteer considers that the ‘illness’ is an attempt to gain attention, an employee/volunteer should respond by providing the client with attention that does not reinforce the illness.</p>
<b>Rationale:</b>	<p>Positive Change has a duty of care to those who reside in a Positive Change residential facility.</p> <p><u>Underpinning values:</u> pastoral care, respect</p>

	<u>Underpinning principles:</u> safety, respect, participation		
<b>Related policies/procedures:</b>	Cleanliness and hygiene Diseases – infectious and degenerative First Aid		
<b>Relevant form/s:</b>	<i>Incident report form</i> – Positive Change general		
<b>Relevant document/s:</b>	First Aid Manual		
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## Informed Consent

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Definition/s:</b>	<u>Informed consent</u> : Informed consent means that the individual is adequately informed about what he/she is consenting to.
<b>Policy:</b>	Positive Change employees/volunteers will ensure that clients are giving informed consent when they enter into a Positive Change program and when they engage in a variety of aspects of the program.
<b>Procedure:</b>	<p>Clients accessing Positive Change programs will be provided with information regarding all aspects of the program into which they are entering and given the opportunity to give consent. As involvement in the program continues there will be various procedures that a client will need to give consent to. It is important that employees/volunteers involved in obtaining such consent ensure that the client is giving ‘informed consent’. In order to ensure that a client is adequately informed prior to giving consent, the following should be adhered to:</p> <ul style="list-style-type: none"> <li>▪ an employee/volunteer should not use coercion or undue influence in obtaining consent from a client or prospective client</li> <li>▪ a client must be mentally capable of providing consent and demonstrate that he/she understands what he/she is giving consent to</li> <li>▪ consent must be obtained for specific procedures, not for broadly worded concepts</li> <li>▪ all information must be written on consent forms prior to the client signing</li> <li>▪ if amendments are required, these must be done in writing on the same form and signed by both client and employee/volunteer or a new consent form must be prepared and signed</li> <li>▪ client consent should be renewed as required especially if circumstances change</li> <li>▪ clients have the right to withdraw consent at any time but there will usually be consequences for doing this</li> <li>▪ clients must be provided with all necessary information including but not limited to: <ul style="list-style-type: none"> <li>- the nature and purpose of services or procedures for which they are giving consent</li> <li>- possible advantages and disadvantages of the action to be consented to. Special attention should be given to any potentially negative effects that could arise as a result of the procedure</li> <li>- the nature and extent of any risks that the service or procedure may subject the client to</li> <li>- all consent forms should be dated and include, where appropriate, an expiry date after which consent would have to be obtained again.</li> </ul> </li> </ul>
<b>Rationale:</b>	<p>Positive Change respects the rights of clients to make informed decisions about their lives.</p> <p><u>Underpinning values</u>: integrity, respect, relationships</p>

	<u>Underpinning principles:</u> respect		
<b>Related policies/procedures:</b>	Confidentiality and the handling of client related personal information Dismissal of a client		
<b>Relevant form/s:</b>	<i>Release of information form</i> – The Watershed <i>Residents handbook</i> – The Watershed <i>Release of information form</i> – Metamorphosis <i>Initial assessment form</i> – Metamorphosis		
<b>Relevant document/s:</b>	<i>Privacy Act Commonwealth 1988 (Cth)</i>		
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## Insomnia

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Positive Change employees/volunteers will help clients to change lifestyle patterns in an attempt to deal with insomnia. Clients will be referred to a counsellor or doctor if lifestyle changes do not reduce sleeplessness or early waking.		
<b>Procedure:</b>	<p>An employee/volunteer should consider with the client possible causes of, or factors contributing to, the client's insomnia. Any obvious remedies for identified possible causes should be attempted (e.g. the client not drinking caffeinated drinks in the evening). If the problem appears more complex and/or the client continues to be unable to sleep, the client should be referred for counselling and/or to a medical practitioner.</p> <p><b>Insomnia as a side-effect of medication</b> Some medications have insomnia as a side-effect. If this is the case and the insomnia is causing distress for the client he/she is to be referred back to his/her doctor.</p>		
<b>Rationale:</b>	<p>Positive Change is aware of the negative effect insomnia can have and is keen to assist clients to deal with this issue. Insomnia may be caused by a number of different factors. If a natural remedy will suffice to fix the problem, medication would be unnecessary and if given could be potentially problematic for persons with current/past drug addictions.</p> <p><u>Underpinning values:</u> pastoral care <u>Underpinning principles:</u> safety, participation</p>		
<b>Related policies/procedures:</b>	<p>Medication Nightmares Referrals to other agencies Sleepwalking</p>		
<b>Relevant form/s:</b>	<p><i>Medication form</i> – The Watershed <i>Medication book</i> – Metamorphosis</p>		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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**Intoxication/overdose**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Policy:</b>	<p><b>Intoxication</b>            Clients who arrive at a Positive Change residential facility after having consumed alcohol or having abused substances will usually be accommodated unless they are assessed to be a danger to other clients/employees/volunteers. Such clients will be spoken to about the inappropriateness of this behaviour when he/she has sobered up.</p> <p><b>Overdose</b>            Positive Change employees/volunteers will respond promptly and appropriately when there is concern that a client has overdosed.</p> <p><b>Drug testing</b>            Positive Change reserves the option to drug test residents when there are suspicions that a client in a residential facility is using an illicit substance. Drug testing will only be used in response to specific instances of known or suspected drug use.</p>
<b>Procedure:</b>	<p><b>Intoxication</b></p> <ul style="list-style-type: none"> <li>▪ assess the level of intoxication, nature and extent of drug use (do this by asking client and by observation and smell)</li> <li>▪ if behaviour or physical status inconsistent with alcohol and/or drug use is present, determine the need to contact medical assistance</li> <li>▪ provide first aid as required and where necessary seek assistance from a health professional</li> <li>▪ if the client is to be accommodated provide the client with a safe and secure environment in which to sober up</li> <li>▪ monitor the clients’ physical state regularly to ensure health and safety</li> <li>▪ document services provided to client.</li> </ul> <p><b>Overdose</b>            If it appears that a client has had an overdose:</p> <ul style="list-style-type: none"> <li>▪ put the person in the recovery position (as per first aid training)</li> <li>▪ call an ambulance on 000</li> <li>▪ <b>do not</b> walk him/her around – this may make the person worse as exercise increases the heartbeat and the drug is absorbed into the bloodstream more quickly. Also it wastes time and there is a risk that the person will fall and hurt him/herself</li> <li>▪ <b>do not</b> put people in a cold shower or bath – the person could drown if unconscious, also wastes time for getting proper help</li> </ul>

	<ul style="list-style-type: none"> <li>▪ <b>do not</b> hit or burn the person in an attempt to wake him/her up – if a person is sleeping, shaking him/her or yelling at him/her should wake him/her up. If the person is unconscious hitting him/her will not wake him/her up and may hurt him/her.</li> </ul>		
<b>Rationale:</b>	<u>Underpinning values:</u> pastoral care <u>Underpinning principles:</u> safety, participation		
<b>Related policies/procedures:</b>	Contraband found on premises Emergencies First aid Medication and visits to health professionals		
<b>Relevant form/s:</b>	<i>Handover</i> – The Watershed <i>Handover</i> – Metamorphosis		
<b>Relevant document/s:</b>	First Aid Manual		
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**Meals**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Positive Change residential facilities aim to provide clients with the means to prepare meals that are nutritious and that provide an opportunity for positive interaction between employees/volunteers and clients.		
<b>Procedure:</b>	<p>The preparation of food is to be under the supervision of an employee/volunteer whose responsibility it is to ensure that meals are adequately catered for (not too much, not too little) and that hygiene procedures are maintained.</p> <p><b>Breakfast</b> Employees/volunteers are responsible to ensure that breakfast food is available to residents at the time specified each day. Either clients are responsible for preparing their own breakfast and cleaning up after themselves (including washing of dishes/cutlery used) or, where it is a chore, the rostered person on duty is to do as directed. Breakfast is to be finished by a specified time.</p> <p><b>Lunch/Dinner</b> Employees/volunteers are responsible for the supervision of those clients rostered on to prepare the meal and those on post-meal cleaning duties. Employees/volunteers are to ensure that all food preparation and cleaning duties are conducted in a manner that is hygienic and promotes client participation.</p> <p>Employees/volunteers are to actively discourage inappropriate conversation at meal times and model appropriate conversation themselves. Grace should be said prior to the commencement of a meal.</p>		
<b>Rationale:</b>	<p>In recognition of the value of learning the skills of food preparation, it is intended that clients be involved in the preparation of meals as much as possible.</p> <p><u>Underpinning values:</u> leadership, relationships <u>Underpinning principles:</u> participation, safety</p>		
<b>Related policies/procedures:</b>	Cleanliness and hygiene		
<b>Relevant form/s:</b>	<p><i>Chores roster</i> – The Watershed <i>Work duties roster</i> – Metamorphosis</p>		
<b>Relevant document/s:</b>	Na		
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**Medication and visits to health professionals**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Policy:</b>	<p>Prescription treatments related to managing drug and alcohol withdrawal will be permitted at the discretion of a supervisor in conjunction with a Positive Change approved medical doctor.</p> <p>Clients in Positive Change programs where clients are <u>not</u> allowed to smoke, are able to use nicotine replacements including patches, chewing gum and lozenges. Nicotine inhalers are discouraged because of the psychological effect that viewing their use may have on other persons in a residential facility.</p> <p>No client is to be permitted to keep his/her medication in his/her room. All medication is to be kept locked away while a client is in a residential program.</p> <p>Clients in Positive Change residential programs have the right to access a medical practitioner when this is needed.</p>
<b>Procedure:</b>	<p>All medication is to be handed to a Positive Change employee/volunteer for safekeeping and a record kept of medication handed in. When medication is dispensed, an employee/volunteer should retrieve the medication from the locked cabinet and give the client the full packaging. The client is then to get the correct dosage of medicine out of the packaging and take it. An employee/volunteer is <u>not</u> to take pills et cetera out of the packaging and hand to the client for him/her to take. The client is to remove his/her own medication from the packaging in front of the employee/volunteer, then return the packaging to the employee/volunteer. The client is to consume his/her medication under the supervision of the employee/volunteer. The taking of medication is to be recorded as per program guidelines in the medication book or on a medication form.</p> <p>It is the responsibility of the employee/volunteer on shift to ensure that medication is available to the client at the prescribed time.</p> <p>Visits to doctors and other health professionals should be made when necessary. See information at individual program locations for contact details for local doctors and health care professionals.</p> <p>Note: Many people taking antipsychotic medications do not want to take them. However, it is important that the medication is taken as directed. If a client is refusing to take his/her medication, an employee/volunteer should not order him/her to do so but speak to him/her about the consequences if he/she does not take the medication. If the</p>

	problem persists, encourage the person to speak to his/her doctor or mental health worker.		
<b>Rationale:</b>	<p>The procedure outlined above has been determined to:</p> <ul style="list-style-type: none"> <li>▪ ensure that clients are self-administrating, i.e. employees/volunteers are not administering the medication</li> <li>▪ reduce the possibility of overdose</li> <li>▪ reduce the possibility of non-compliance with prescribed medication</li> <li>▪ reduce the possibility of clients giving, swapping or selling prescribed medication to other clients.</li> </ul> <p>However, clients are free to make their own decisions and will have to face any consequences of their actions.</p> <p><u>Underpinning values:</u> respect, pastoral care, relationships  <u>Underpinning principles:</u> safety, respect</p>		
<b>Related policies/procedures:</b>	Addiction Illness and injury Intoxication/overdose		
<b>Relevant form/s:</b>	<i>Medication form</i> – The Watershed <i>Medication book</i> – Metamorphosis <i>Permission for release of information</i> – Positive Change general		
<b>Relevant document/s:</b>	Na		
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**Mental illnesses**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>General policy:</b>	<p>Positive Change will not discriminate against a client because he/she has a mental illness unless the severity or nature of the client’s symptoms is such that it would be unreasonable for Positive Change to maintain the client in the program.</p> <p>Positive Change may be unable to offer or continue to offer services to a client with a mental illness if:</p> <ul style="list-style-type: none"> <li>▪ the level of need of that client exceeds the resources of the program</li> <li>▪ the client’s condition will interfere/is interfering significantly and adversely with the needs of other clients in the program</li> <li>▪ the safety of employees/volunteers is threatened</li> </ul> <p>In such a case, other services should be considered for the client.</p> <p>Positive Change employees/volunteers will respond to mental health issues appropriately and in line with generally accepted standards.</p> <p><b>Residential Services</b></p> <p>If the client is already in the program and he/she is willing to seek medical treatment, wherever possible, the client will be supported until such time as he/she becomes stabilised.</p>
<b>Policy/procedure:</b>	<p><b>Anxiety Disorders</b></p> <p>Any display of anxiety by a client in a residential facility will be dealt with by the employee/volunteer on duty in such a way that the individual gains an appropriate level of support while experiencing the minimum level of embarrassment.</p> <p><u>Obsessive-compulsive disorder (OCD)</u></p> <p>If a client in a Positive Change program exhibits OCD or discloses to an employee/volunteer that he/she has OCD or describes the symptoms of the disorder, as appropriate, the employee/volunteer:</p> <ul style="list-style-type: none"> <li>▪ should recommend to the client that he/she seek professional help from a suitably qualified person if he/she has not already done so</li> <li>▪ should help the person to obtain information about the disorder</li> <li>▪ should recommend that the client try to avoid focusing on the symptoms as this usually makes them worse</li> <li>▪ should recommend that the client avoid the use of alcohol and other drugs (apart from prescription medications) as these can have a negative affect on the severity of symptoms especially as withdrawal from alcohol and certain drugs</li> </ul>

- can produce symptoms of panic and anxiety
- should talk to the client about whether there are certain factors that make the symptoms worse; if so, discuss with the client any proactive changes that the client can make
- should not punish or embarrass the client if he/she is engaging in compulsive behaviour – this will usually act to make the disorder worse
- should not act as an enabler; if the client seeks reassurance about, for example, whether or not the front door is locked an employee/volunteer should assure the person once that it is locked but do not continue to reassure him/her.

#### Panic attacks

If a client in a Positive Change residential program discloses that he/she suffers from panic attacks and/or agoraphobia, all employees/volunteers who are likely to encounter this reaction from the client should be alerted to the need to either avoid any situation/s that is/are likely to trigger a panic attack or know how to handle such an attack if necessary.

If the client has an attack or a client who has not disclosed that he/she has panic attacks becomes markedly distressed when in public or when confronted with a feared object or situation, the employee/volunteer should endeavour to move all of the clients away from the feared object/situation. The employee/volunteer should make attempts to calm the client down as best he/she can, speaking gently to the client and encouraging him/her to sit quietly, breathe deeply and try to relax. The employee/volunteer should attempt to understand and connect with the client as much as possible – this may require some time and patience. It is important to avoid removing the client's power/control over the situation. Where possible, direct the attention of the other clients present elsewhere to avoid further embarrassment to the client experiencing the attack.

Sometime after the panic attack has subsided and the client has calmed down, the employee/volunteer should talk to the client about the incident. The employee/volunteer should reinforce to the client the need to communicate with an employee/volunteer if he/she is fearful about certain objects/situations that can be avoided. The employee/volunteer should also find out from the client how he/she can best be assisted when an attack occurs.

It is recommended that, if the clients who were present at the incident were affected in any way, the employee/volunteer and possibly the client (if he/she so desires) should speak to them later and explain briefly what happened.

#### Tic disorders

If the tic is something that:

- does not interrupt other clients significantly
  - is not causing marked distress to the individual
  - is not causing impaired functioning
  - is not provoking teasing from other clients in the program,
- the tic should be ignored, or if discussed, dealt with sensitively.

Education of other clients may be needed if the client with the tic is particularly sensitive or is treated negatively.

If the tic is something that is disruptive or offensive, such as repeated screaming of obscenities, the issue will need to be addressed. An employee/volunteer should seek advice from a supervisor. Referral to a medical practitioner and/or a counsellor may also be necessary.

### **Depression**

Positive Change recognises that depression can be caused by a number of factors, some of which are out of the control of the client concerned. Clients experiencing depression will be dealt with by Positive Change employees/volunteers in a manner that is sensitive, non-judgmental and supportive. Clients are permitted to take antidepressant medication while accessing Positive Change programs provided that the medication is prescribed and monitored by a Positive Change approved medical practitioner. Positive Change employees/volunteers will not recommend to a client that he/she cease taking such medication.

#### How to respond to a client suffering from depression

- **do not** tell the client to 'pull yourself together' or 'snap out of it'. A response like this will make the person feel hurt and insulted. In most cases the person would like to do just that but can not
- **do not** be critical of the person, especially do not tell the person that his/her condition is the result of unconfessed sin or not praying hard enough. Usually depression is a 'disease' of the emotions, not the spirit
- **do** be available
- **do** pray with and for the person
- **do** be patient with the person. Persons with depression often need reassurance about the same things over and over again
- **do** accept the person regardless of his/her mood and demonstrate this acceptance
- **do** allow the client to be him/herself
- **do** encourage the client to be honest with God about how he/she is feeling
- **do** respond in a non-judgmental manner to what the person is saying
- **do** tell the client that what he/she is experiencing is a disease and that there is treatment, he/she will not feel depressed forever
- **do** help the client feel no guilt about his/her inability to do things
- **do** help the client to accept forgiveness from God and avoid dwelling on issues that have been forgiven.

It is important to remember when dealing with clients with depression that a high proportion of depressed clients will try to self-harm or commit suicide. Follow the relevant procedures as necessary.

### **Eating disorders**

Positive Change will provide support for a client experiencing an eating disorder. In recognition of the serious consequences that can result if eating disorders are not treated adequately, professional advice will be sought promptly if complications arise.

### Speaking to a client about suspicions that the client has an eating disorder

- take time to ‘get along side’ the client and find out how he/she is going in general, be available if the client wants to tell you what is going on
- mention evidence you have seen or heard that suggests to you that the client may have an eating disorder. If possible avoid mentioning the client’s weight or appearance, rather talk about health, relationships, moods or eating patterns
- talk to the client about whether or not what he/she is doing is getting what he/she wants from his/her behaviour. It is likely that it is not. Talk to the client about recovery and leading a ‘normal’ life. Do not deny that recovery will be hard but emphasise that it is worthwhile and that many people have returned to a normal eating pattern successfully
- do not turn a blind eye when food is stolen and/or there is evidence of purging. Confront the client and insist that he/she behave in a responsible manner
- offer to accompany the client to a doctor/counsellor for his/her first appointment.

### How to respond if a client tells you that he/she has an eating disorder

- accept what the person is telling you in a non-judgmental manner
- ask questions, find out how serious the problem is
- encourage the client to access specialised help and assure the client that he/she can gain from treatment
- treatment is not only about ‘*replacing dieting, binge eating, and purging with healthy eating. It means identifying the underlying dynamics that have brought the person to disordered eating in the first place and then resolving them...it’s a job for medical and mental health professionals*’ (ANRED website).
- establish a collaborative approach
- do not use ‘scare tactics’ with the client but do provide accurate information about eating disorders and their negative effects
- encourage discussion about other problems that the client may be experiencing; eating disorders are a often coping mechanism for deeper issues
- avoid making comments about the client’s physical appearance
- avoid engaging in ‘power plays’ or battles for control – the eating disordered person will usually win
- do not attempt to control the daily routine of the client – you cannot make him/her eat and attempting to do so will result in resentment and have a negative effect on your relationship with the client. Also eating disorders are often an attempt to take control of one’s life. An employee/volunteer trying to take that control away from the client will encounter problems.
- if the client is refusing to eat meals do not force him/her to do so – attempts by the employee/volunteer to control the client’s behaviour can have a very negative effect; leave discussions regarding food, eating and weight issues to the person and his/her doctor or mental health professional
- it is important in residential facilities that all persons are present for meals. Even if the client will not eat or will eat only a few vegetables, reinforce to the client that it is important that he/she share in the activities of the group.

	<p><b>Psychotic disorders (including schizophrenia)</b></p> <p><u>Communication</u></p> <ul style="list-style-type: none"> <li>▪ keep sentences short and to the point (but not blunt or patronizing)</li> <li>▪ ask only one question at a time, and wait for a response</li> <li>▪ give one message or piece of information at a time</li> <li>▪ if the client uses words that do not make sense or have no meaning to the employee/volunteer, the employee/volunteer is to simply state that he/she does not understand what the person is saying. If this is unsuccessful, ask the individual to use an alternative method of communication such as gestures or sounds.</li> </ul> <p><u>Handling delusions</u></p> <ul style="list-style-type: none"> <li>▪ the worst thing that an employee/volunteer can do is to argue with the person having the delusion, the employee/volunteer will not win and only alienate the person</li> <li>▪ an employee/volunteer should not go along with the delusion</li> <li>▪ suggestion: <i>'I know you believe that this is happening but I don't believe that's happening, nor do the rest of the people here. It must be frightening for you. This is part of your illness, but it is not true'</i> (Overs, 1994).</li> </ul> <p><u>Handling the symptoms of withdrawal</u></p> <ul style="list-style-type: none"> <li>▪ when a person lacks energy and is withdrawing, it is important to set ground rules such as everybody must be out of bed by a certain time</li> <li>▪ give the person something specific that he/she must do when he/she gets up in an effort to help motivate him/her.</li> </ul>		
<b>Rationale:</b>	<p>It would be irresponsible for Positive Change, its programs, its employees and its volunteers to offer services to a client when it does not have the resources to assist the client.</p> <p>Positive Change has a duty of care to <u>all</u> clients. Positive Change must therefore weigh up the potential benefit to the client with the mental disorder against the potential negative effect on other clients. Positive Change will abide by the principle of the greatest good for the greatest number.</p> <p><u>Underpinning values:</u> relationships, respect, pastoral care</p> <p><u>Underpinning principles:</u> safety, respect</p>		
<b>Related policies/procedures:</b>	<p>Addiction Medication Referrals Self-harm/self-mutilation Sexual issues Suicidal behaviour and/or ideation</p>		
<b>Relevant form/s:</b>	<p><i>Phone referral form</i> – The Watershed <i>Initial assessment form</i> – Metamorphosis</p>		
<b>Relevant document/s:</b>	<p><i>Anti-discrimination Act 1991 (Qld)</i> <i>Mental Health Act 1974 (Qld)</i> <i>ANRED website: <a href="http://www.anred.com">www.anred.com</a></i> Overs, M., 1994, <i>Surviving schizophrenia</i>, Gore &amp; Osment, Rushcutters Bay.</p>		
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**Motor vehicles, use of**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services divisions as well as clients who have been approved by a supervisor to drive a Positive Change motor vehicle
<b>Policy:</b>	Persons who drive a Positive Change motor vehicle will do so in accordance with appropriate legal standards. Positive Change employees/volunteers will consider their duty of care to clients when transporting clients in a Positive Change motor vehicle.
<b>Procedure:</b>	<p>Positive Change motor vehicles may be driven by Positive Change employees and other persons who have been given authority to do so by a supervisor. Positive Change motor vehicles should not be driven for personal use except where there is an emergency or approval has been given by a supervisor. The following policies and procedures regarding the use of Positive Change motor vehicles must be adhered to.</p> <p><b>Valid driver’s licence</b>  Any person driving a Positive Change motor vehicle must be in possession of a valid driver’s licence of the class appropriate to the type of vehicle being driven.</p> <p>If an employee/volunteer loses his/her licence or it expires and has not been renewed, the employee/volunteer must not drive a Positive Change motor vehicle and must notify a supervisor of the situation.</p> <p>Upon employment or engagement as a volunteer, a supervisor is to sight the employee/volunteer’s driver’s licence and take a photocopy of the licence to be kept in the employee/volunteer’s file.</p> <p><b>Enforcement of rules and regulations regarding the use of a Positive Change motor vehicle</b>  A person using and operating a Positive Change motor vehicle is responsible for enforcing all rules and regulations applicable to the use of the motor vehicle.  These rules include:</p> <ul style="list-style-type: none"> <li>▪ the wearing of seatbelts by all occupants</li> <li>▪ not throwing litter from the motor vehicle</li> <li>▪ not leaving litter in the motor vehicle</li> <li>▪ not spitting out of the windows of the motor vehicle</li> <li>▪ not putting feet on the seats</li> <li>▪ remaining seated while the motor vehicle is in motion</li> <li>▪ not extending hands, legs, arms or objects through windows or doors while the motor vehicle is in motion</li> <li>▪ not abusing the motor vehicle in any manner</li> </ul>

	<ul style="list-style-type: none"> <li>▪ not shouting through the windows of the motor vehicle at other road users</li> <li>▪ not fighting or causing disruption.</li> </ul> <p>The employee/volunteer should check through the motor vehicle before allowing the clients to enter. The employee/volunteer should check the vehicle again for any damage or mess on the return trip after the car has been vacated.</p> <p><b>Use of employees/volunteers own motor vehicle for Positive Change purposes</b>  An employee/volunteer is permitted to transport clients in his/her own motor vehicle provided that he/she has a valid driver licence for that class of motor vehicle and the motor vehicle is roadworthy, registered and has full comprehensive insurance. Any tickets/fines received by an employee/volunteer using his/her own motor vehicle for work purposes will be the responsibility of that employee/volunteer. An employee/volunteer using his/her own motor vehicle to transport clients for Positive Change purposes shall not do so under the influence of alcohol or drugs.</p>		
<b>Rationale:</b>	<p>The above outlined procedures were determined because:</p> <ul style="list-style-type: none"> <li>▪ employees/volunteers have a duty to operate within the law</li> <li>▪ employees/volunteers have the opportunity to model obedience to the law to clients</li> <li>▪ employees/volunteers are called to be good stewards of Positive Change resources</li> <li>▪ while undertaking Positive Change duties employees/volunteers are representing the organisation</li> <li>▪ employees/volunteers have a duty of care to clients</li> <li>▪ employees/volunteers have a responsibility to other road users.</li> </ul> <p><u>Underpinning values:</u> integrity, Godly character, leadership  <u>Underpinning principles:</u> legality, safety, respect</p>		
<b>Related policies/procedures:</b>	Na		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	<i>Criminal Code 1899 (Qld)</i> <i>Motor Vehicles Safety Act 1980 (Qld)</i> <i>Traffic Act 1949 (Qld)</i>		
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## Nightmares

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Positive Change employees/volunteers will deal with clients having nightmares in an appropriate manner that demonstrates respect for all involved.		
<b>Procedure:</b>	<p>If a client wakes during the night screaming or making noises that indicate that he/she is having/had a nightmare, an employee/volunteer preferably of the same sex should go to the client's room (knock before entering) and if the client has woken because of a nightmare (or is distressed for another reason) the employee/volunteer should stay with the client until he/she is calm. The employee/volunteer should offer to pray with/for the client.</p> <p>If it is known that the client self-harms, the employee/volunteer is to ensure that the client is not considering self-harming before leaving the person alone again and should check again on the client later in the night at time periods dependant upon the state of the individual.</p> <p>If the experience of nightmares leads to insomnia, the employee/volunteer is to refer to the appropriate policy/procedure.</p> <p>Record the information in the handover material.</p>		
<b>Rationale:</b>	<p>Clients who self-harm will sometimes do so if they wake during the night and are frightened after a nightmare.</p> <p><u>Underpinning values:</u> pastoral care, respect, relationships  <u>Underpinning principles:</u> safety, respect</p>		
<b>Related policies/procedures:</b>	<p>Confidentiality and the handling of client related personal information            Counselling (including spiritual aspects)            Insomnia            Self-harm/self-mutilation</p>		
<b>Relevant form/s:</b>	<p><i>Handover – The Watershed</i>  <i>Handover – Metamorphosis</i></p>		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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**Occultic practices**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Occultic practices are not permitted on Positive Change premises, whether conducted by clients, employees/volunteers or visitors.		
<b>Procedure:</b>	If a person/s are conducting such practices on the premises he/she/they are to be informed of the Positive Change policy regarding this matter. If the process is underway it is to be interrupted. Any equipment being used in such a practice will be dealt with in a manner that is deemed appropriate by a supervisor. The employee/volunteers is to take particular care when dealing with dangerous items such as knives.		
<b>Rationale:</b>	<p>Positive Change believes that participation in occultic practices can be damaging to both the individual and the general dynamics in the facility.</p> <p><u>Underpinning values:</u> pastoral care, Christian faith</p> <p><u>Underpinning principles:</u> safety</p>		
<b>Related policies/procedures:</b>	<p>Cleaning and hygiene</p> <p>Contraband found on the premises</p>		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	<i>Anti-Discrimination Act 1991 (Qld) (Section 90)</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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**Parental involvement**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services divisions		
<b>Policy:</b>	<p>Positive Change employees/volunteers will endeavour to negotiate the conflict that presents itself in relation to:</p> <ul style="list-style-type: none"> <li>▪ respecting the legal and spiritual rights of parents</li> <li>▪ protecting young people from harm from parents</li> <li>▪ maintaining confidentiality and</li> <li>▪ fostering independence in clients.</li> </ul> <p><b>Residential Services Division</b> Parents visiting a residential facility will not be left unattended with a client other than his/her own child.</p>		
<b>Procedure:</b>	Na		
<b>Rationale:</b>	<p>Included in policy statement.</p> <p><u>Underpinning values:</u> respect, pastoral care, relationships <u>Underpinning principles:</u> participation, safety, legality, respect</p>		
<b>Related policies/procedures:</b>	<p>Emergencies Death of a client Confidentiality and the handling of client related personal information</p>		
<b>Relevant form/s:</b>	<p><i>Profile form</i> – The Watershed <i>Contact form</i> – Metamorphosis</p>		
<b>Relevant document/s:</b>	<i>Family Law Reform Act 1995</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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**Personal Studies and Group Studies**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Study sessions will be conducted with decorum and consideration for the needs of all students.		
<b>Procedure:</b>	<p><b>Personal studies</b>            Personal study begins at a specified time each weekday in a facility where this program component is in operation. Employees/volunteers involved should check daily goal sheets at the commencement of each lesson and ensure that students have sufficient contract work to keep them occupied. Conversations with students during personal study time should be study related and long discussions should be avoided and deferred until another time to maintain a quiet environment. Employees/volunteers should be involved in what the students are doing in class.</p> <p>If an employee/volunteer needs to remove a student from class for any reason, the class teacher/s must be informed.</p> <p><b>Group studies</b>            Group study begins at a specified time each weekday in a facility where this program component is in operation. The employee/volunteer teaching the class should be in the room prior to the arrival of the students. The employee/volunteer should endeavour to keep to the subject planned for that class and should not allow a student/s to dominate or redirect discussion. Classes should be conducted in an orderly manner.</p>		
<b>Rationale:</b>	<p>Personal study and group study are vital (and usually mandatory) components of the residential programs in which they are offered.</p> <p><u>Underpinning values:</u> Christian faith, pastoral care, relationships  <u>Underpinning principles:</u> participation</p>		
<b>Related policies/procedures:</b>	Na		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	Personal Studies for New Christians Group Studies for New Christians <i>Anti-Discrimination Act 1991 (Qld) (Section 90)</i> In-Focus		
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**Pregnancy**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions		
<b>Policy:</b>	<p><b>Pregnancy</b> Decisions regarding the suitability of a pregnant female entering a Positive Change residential program will be made by a supervisor.</p> <p><b>Abortion</b> A Positive Change employee/volunteer will not discriminate against nor condemn a client for having had an abortion, for procuring an abortion or for seeking to procure an abortion. Such a client will be afforded the same support given any other client with a similar level of support needs.</p> <p>Positive Change employees/volunteers will seek to ensure that a client wishing to procure an abortion has all the relevant information (including all the alternatives) to give 'informed consent' to the procedure.</p>		
<b>Procedure:</b>	If a client is considering having an abortion and requests that an employee/volunteer assist her to either make the decision or to have the pregnancy terminated and the employee/volunteer involved does not feel comfortable dealing with the situation he/she is to speak to his/her supervisor.		
<b>Rationale:</b>	<p>Regardless of whether we as individuals or as an organisation agree with a decision that a client is making we have a responsibility to support that client. Ultimately people have a 'free will' – it is the client who will have to live with the consequences therefore it should be his/her decision.</p> <p>If the personal beliefs and/or experience of an employee/volunteer make it difficult for him/her to deal with the situation, steps to assist or change the employee/volunteer will be made.</p> <p><u>Underpinning values:</u> relationships, respect <u>Underpinning principles:</u> safety, respect</p>		
<b>Related policies/procedures:</b>	Informed consent		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	Na		
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**Recreation**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	<p>Recreation in Positive Change residential facilities aims to create healthy alternatives to antisocial behaviour and encourage independent constructive use of time.</p> <p>It is recommended that while undertaking Positive Change related activities, Positive Change employees/volunteers act to protect themselves from the dangers of exposure to sunlight and encourage clients to do the same.</p>		
<b>Procedure:</b>	<p>Usually recreational activities will engage all members of the facility and will be designed to create good dynamics between clients and provide an environment for clients and employees/volunteers to relate and build rapport. Employees/volunteers should use their creativity to engage participants in recreational activities that will endeavour to maintain the interest of all participants and will be conducted with safety in mind.</p> <p>Each Positive Change facility will have sunscreen available for use by employees/volunteers and clients. Positive Change encourages employees/volunteers and clients to wear hats and sunglasses.</p>		
<b>Rationale:</b>	<p>Many clients who access Positive Change residential facilities have found recreation through engaging in antisocial behaviour. Employees/volunteers have the opportunity to model positive social and recreational behaviour.</p> <p>Positive Change has a duty to ensure that all activities are conducted in a safe manner.</p> <p><u>Underpinning values:</u> relationships, leadership, pastoral care  <u>Underpinning principles:</u> safety, participation</p>		
<b>Related policies/procedures:</b>	Absconding		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	Na		
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## Referrals to other service providers

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Policy:</b>	Positive Change employees/volunteers will recognise when it is necessary to refer a client to another service and respond appropriately.
<b>Procedure:</b>	<p><b>1. Decide whether or not a referral is necessary. A referral may be necessary when:</b></p> <ul style="list-style-type: none"> <li>▪ the client’s needs obviously surpass the time and/or training of the employee/volunteer or the Positive Change program</li> <li>▪ the client’s problems relate to areas where there are effective specialised agencies available in the community (e.g. mental health)</li> <li>▪ the client needs intensive psychotherapy/ministry</li> <li>▪ there are conflicts of interest such as those listed in the relevant section of this document</li> <li>▪ an employee/volunteer engaged in formal casework with a client has a strong negative or positive reaction to the client</li> <li>▪ the client appears to be forming an unhealthy relationship with the employee/volunteer</li> <li>▪ the client is severely depressed, suicidal or severely psychotic</li> <li>▪ the employee/volunteer feels that he/she is unable to cope with working with the client despite making reasonable attempts to do so.</li> </ul> <p><b>2. Make the referral by:</b></p> <ul style="list-style-type: none"> <li>▪ explaining the reason for the referral to the client</li> <li>▪ asking permission of the client to make the referral</li> <li>▪ requesting and ensuring that the client signs a <i>Release of information form</i> (or a <i>Data collection and referral form</i> – Outreach Services Division only) if the referral person/body will be given personal information about the client</li> <li>▪ empowering the client to take as much responsibility as possible for finding an appropriate helper</li> <li>▪ assessing accurately the needs of the client and referring him/her to a person or agency that has the best ‘fit’</li> <li>▪ researching the person or agency to ensure that he/she/they can actually help the client</li> <li>▪ accompanying the client to his/her first appointment with the new helper (if the client so desires and this is possible)</li> <li>▪ clarifying your role (as the employee/volunteer) after the referral occurs. This should be done with both the client and the new helper</li> <li>▪ determining a process by which the employee/volunteer will monitor and review the success of the referral.</li> </ul> <p><b>3. Find a referral agency through:</b></p> <ul style="list-style-type: none"> <li>▪ <i>Kids Help Line</i> - have an extensive database of agencies 1800 551 800</li> <li>▪ <i>Youth Information Line</i> 1800 177 899</li> <li>▪ <i>Women’s Info Link</i> 1800 177 577</li> <li>▪ <i>Health Services Information Line</i> (07) 3852 2995</li> </ul>

	<ul style="list-style-type: none"> <li>▪ <i>Children’s Advisory Services</i> (07) 3862 2333</li> <li>▪ the client’s local <i>Department of Child Safety Area Office</i></li> <li>▪ the client’s local <i>Child &amp; Youth Mental Health Service</i> (listed under Queensland Health in the White Pages)</li> <li>▪ the client’s local <i>Community Mental Health Service</i> (listed under Queensland Health in the White Pages)</li> <li>▪ a pastor, a general practitioner (GP) or a private psychologist, social worker or psychiatrist</li> <li>▪ local councils who usually have knowledge of services available in their geographical area</li> <li>▪ resource folder if the program location has one.</li> </ul>		
<b>Rationale:</b>	<p>Positive Change recognises that there will be situations where a client will need to access another service as well as, or instead of, a Positive Change service.</p> <p>Positive Change is aware of the potential for clients to ‘fall through the cracks’ and as such is committed to assisting clients to find and link into appropriate services and will monitor the outcome of the referral to ensure that this is the case.</p> <p><u>Underpinning values:</u> integrity, relationships, respect, pastoral care  <u>Underpinning principles:</u> respect</p>		
<b>Related policies/procedures:</b>	Conflicts of interest and boundary issues		
<b>Relevant form/s:</b>	<i>Data collection and referral form</i> – Outreach Services <i>Release of information form</i> – Positive Change general		
<b>Relevant document/s:</b>	<i>Positive Change Referral Manual</i> – Brisbane		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Searching**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division
<b>Policy:</b>	<p>Clients in Positive Change residential facilities are to be searched only as required and only after consent has been obtained from the client concerned. A search conducted by a Positive Change employee/volunteer will <u>not</u> involve the employee/volunteer physically touching the client, nor should it involve the client removing any item of clothing other than shoes or a jumper/jacket (where appropriate clothing is worn underneath).</p> <p>Clients or other persons who are involved with Positive Change but are <u>not</u> residing in a Positive Change residential facility are <u>not</u> to be searched. If an employee/volunteer has reasonable suspicions that the person/s is/are in possession of contraband and may pass it on to clients in a residential facility he/she is simply to be asked to leave the premises.</p>
<b>Procedure:</b>	<p>If an employee/volunteer is suspicious that a client has contraband in his/her possession and wishes to search the client and/or his/her belongings the employee/volunteer is able to do so <u>with the consent of the client</u>. Employees/volunteers must be aware that failure to obtain consent from a client prior to searching can result in legal action. The client should be informed how the search will be conducted and told of his/her right to withdraw his/her consent at any time during the search.</p> <p><u>Two</u> appropriate persons are to be present when consent is obtained and the search is conducted.</p> <p>The role of the employee/volunteer in conducting a <u>physical/body search</u> is simply to supervise and direct the client's actions. For example, an employee/volunteer may request the client to turn out his/her pockets or pat him/herself down. <u>Under no circumstances should employees/volunteers perform such actions themselves or physically touch the client.</u></p> <p>If the client refuses to comply with such requests, the employee/volunteer may inform the client that failure to comply may result in his/her dismissal from the program. Where the client remains non-compliant, employees/volunteers are to contact a supervisor for direction.</p> <p>An employee/volunteer is not permitted to physically handle a client's <u>possessions</u>. Rather he/she is to direct the client's actions as the client searches his/her own belongings.</p>
<b>Rationale:</b>	It is unlawful for a Positive Change employee/volunteer to touch a client and/or his/her

	possessions during a search.		
	<u>Underpinning values:</u> respect, relationships, leadership		
	<u>Underpinning principles:</u> safety, legality		
<b>Related policies/procedures:</b>	Informed Consent		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	<i>Handover</i> – The Watershed <i>Handover</i> – Metamorphosis		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Aug 2003
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Self-harm/self-mutilation**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Division
<b>Procedure:</b>	<ol style="list-style-type: none"> <li>1. Identify and estimate the level and immediacy of the current self-harm/suicide risk <ul style="list-style-type: none"> <li>▪ recognise and respond to hints, cues, triggers or actions indicating that the person may be considering self-harm or a suicide attempt</li> <li>▪ ask directly about thoughts of suicide and self-harm whenever there are grounds for concern</li> <li>▪ determine the current level of risk and the level of threat affecting the person's safety and the safety of others.</li> </ul> </li>   <li>2. Undertake the necessary action required to promote safety <ul style="list-style-type: none"> <li>▪ remove, where possible, any items that the person may use to carry out a threat of self-harm or suicide</li> <li>▪ remove any other people who may be at risk in the situation</li> <li>▪ attend to the pain associated with the suicidal/self-harm crisis and the validity of the person's feelings</li> <li>▪ work with the person where possible, to generate an immediate safety plan (use of the <i>Suicide / self-harm safety plan form</i> is an option)</li> <li>▪ facilitate the intervention of emergency medical help where it is assessed that there is imminent threat</li> <li>▪ seek and act on feedback from a supervisor to ensure action taken complies with accepted organisational policies, practices, ethics and duty of care obligations</li> <li>▪ observe Occupational Health and Safety obligations in relation to managing self and others</li> <li>▪ refer to health professionals as appropriate.</li> </ul> </li>   <li>3. Facilitate and strengthen the individual's links to further care <ul style="list-style-type: none"> <li>▪ explore the person's openness towards accepting help</li> <li>▪ provide information to enhance the person's capacity to seek out further assistance</li> <li>▪ develop with the individual a plan for accessing and utilising informal supports and professional help</li> <li>▪ encourage and facilitate the use of supports when required.</li> </ul> </li>   <li>4. Provide on-going support once it is assessed that there is no imminent risk <ul style="list-style-type: none"> <li>▪ maintain an open rapport with the individual in order to encourage discussion around on-going concerns related to self-harm/suicide risk</li> <li>▪ support the individual to develop coping strategies (both internal and external)</li> </ul> </li> </ol>

	<p>which address thoughts of self-harm or suicide</p> <ul style="list-style-type: none"> <li>▪ determine with the person whether there are underlying issues, e.g. depression, trauma or substance abuse that need addressing</li> <li>▪ assist the person to seek out additional resources that may be required to address these issues</li> <li>▪ ensure that the supports and coping strategies developed are documented and communicated as necessary to other members of the work team</li> <li>▪ comply with relevant ethical guidelines and policy requirements that affect duty of care.</li> </ul> <p><b>Use of force</b></p> <p>If a client is in immediate danger of losing his/her life, Positive Change will support an employee/volunteer restraining the individual for only as long as necessary and by using the minimum force necessary to remove the source of danger.</p> <p><b>If the client is self-harming at the time</b></p> <p>If the client is self-harming at the time the employee/volunteer should:</p> <ul style="list-style-type: none"> <li>▪ stay calm</li> <li>▪ avoid blaming the client</li> <li>▪ avoid patronising the client</li> <li>▪ avoid displaying disgust with the client</li> <li>▪ talk to the client in a reassuring manner</li> <li>▪ acknowledge to the client that he/she must be feeling awful</li> <li>▪ tell the client that there are other ways that the problem can be dealt with and that you would like to discuss these with him/her</li> <li>▪ ask the client to give you whatever he/she is using to self-harm.</li> </ul> <p>It may not be necessary to follow all these steps. Once the person has ceased harming and has handed over the implement the next priority is first aid.</p> <p>It is usually best to provide the client with adequate first aid equipment and instruct the client to clean him/herself up. Assist the client to do this if necessary (following hygiene procedures outlined in this document). Make an assessment about the seriousness of the damage and whether or not it is necessary to consult a medical practitioner. An employee/volunteer should take the client to the hospital or to a doctor if he/she has concerns.</p> <p><b>Record keeping</b></p> <p>The incident is to be recorded in the handover material. If first aid and/or a medical examination are required, an <i>Incident report form</i> is to be filled in, signed and forwarded to the Positive Change Administration Centre as soon after the incident as possible.</p> <p><b>Note:</b> Self-harm is a serious issue and consultation with a supervisor would usually be necessary. If the employee/volunteer feels that the incident is outside of his/her ability to handle, the employee/volunteer should contact his/her supervisor and, depending upon the situation, other specialist agencies.</p>
<b>Rationale:</b>	Positive Change recognises that people self-harm for many reasons and that if the

	<p>psychological need that the self-harming has fulfilled remains unmet, the client will continue to self-harm. It is further recognised that self-harm is not a healthy nor positive coping mechanism and that the client will benefit from developing other more adaptive coping strategies.</p> <p><u>Underpinning values:</u> pastoral care, respect, relationships  <u>Underpinning principles:</u> safety, respect</p>		
<b>Related policies/procedures:</b>	<p>Confidentiality and the handling of client related personal information  Referral to other agencies  Suicidal behaviour and/or ideation</p>		
<b>Relevant form/s:</b>	<p><i>Incident report form</i></p>		
<b>Relevant document/s:</b>	<p><i>Handover – The Watershed</i>  <i>Handover – Metamorphosis</i>  <i>Suicide / self-harm safety plan form – Positive Change general</i>  See appendix E for information regarding negotiating a safety plan  Some of the information provided in the procedure comes from the Community Services Package – Unit of Competency CHCCS501A</p>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Sexual contact and romantic relationships between clients**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	No sexual contact or romantic relationships are permitted between clients in a residential program.		
<b>Procedure:</b>	<p>If it appears that a relationship is developing between clients in a program, employees/volunteers will need to address the issue with both parties. If the clients involved are not willing to refrain from commencing or continuing with the relationship, one or both of those involved will be asked to leave the program.</p> <p>A client who makes unwanted sexual advances towards another client or an employee/volunteer will be warned. Any further advances will result in the dismissal of the client from the program.</p>		
<b>Rationale:</b>	<p>Sexual contact and romantic relationships between clients in a residential program often has the effect of:</p> <ul style="list-style-type: none"> <li>▪ changing the dynamics of the program</li> <li>▪ taking the focus of these participants off their program.</li> </ul> <p><u>Underpinning values:</u> pastoral care  <u>Underpinning principles:</u> safety</p>		
<b>Related policies/procedures:</b>	Dismissal of a client Referral to other agencies		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



## Sexual harassment

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services divisions		
<b>Policy:</b>	Positive Change aims to provide for clients an environment that is free from any form of discrimination or harassment. Sexual harassment by Positive Change employees/volunteers or clients will not be tolerated whether this behaviour is directed at employees/volunteers/clients or any member of the public while an employee/volunteer is undertaking work duties and a client is part of a Positive Change residential program.		
<b>Procedure:</b>	<p>Sexual harassment can be defined as any sexual attention that a reasonable person would perceive as offensive. The following could be classified as sexual harassment:</p> <ul style="list-style-type: none"> <li>▪ offensive hand or body gestures</li> <li>▪ sexual jokes</li> <li>▪ displaying offensive material</li> <li>▪ leering, patting, pinching or touching</li> <li>▪ gender-based intimidation</li> <li>▪ comments made or questions asked about another person’s sexuality or sexual conduct</li> <li>▪ offensive written or verbal communications.</li> </ul> <p>Please note: This is not an exhaustive list.</p> <p>Any client who believes that he/she has experienced sexual harassment should make a report to a supervisor who will help clarify whether or not the behaviour constitutes harassment and give advice about an appropriate course of action.</p>		
<b>Rationale:</b>	<p>It is unlawful to sexually harass any person. It is also inappropriate and will have a negative effect on the person on the receiving end of the harassment. Sexually harassing behaviour does not facilitate a ‘safe environment’.</p> <p><u>Underpinning values:</u> pastoral care, Godly conduct, relationships, respect, integrity  <u>Underpinning principles:</u> safety, legality, participation, respect</p>		
<b>Related policies/procedures:</b>	Na		
<b>Relevant form/s:</b>	<p><i>Inappropriate behaviours form</i> – The Watershed  <i>Discipline form</i> – Metamorphosis  <i>Staff appraisal form</i></p>		
<b>Relevant document/s:</b>	<i>Anti-Discrimination Act 1991 (Qld)</i>		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Sexual issues**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Divisions		
<b>Policy:</b>	Clients will not be discriminated against nor refused entry to a Positive Change program based on their sexual preference or gender identity. However, engaging in voyeurism, exhibitionism or any other paraphilia will not be tolerated in a residential facility.		
<b>Procedure:</b>	<p><b>Voyeurism</b> If it is discovered that a client in a residential facility is watching other residents in the shower or while they are getting changed, an employee/volunteer will need to speak to the client about the inappropriate nature of this activity. If a client is ‘peeping’ at the disrobing, showering or sexual activities of persons (neighbours) whose activities are visible from a Positive Change residential facility, the client should be spoken to. It is recommended also that an employee/volunteer inform the neighbour that his/her bedroom/bathroom et cetera is viewable from the facility.</p> <p><b>Exhibitionism</b> If a client in a residential facility is exposing him/herself or wearing clothing that is skimpy, low cut or in some other way revealing for the purpose of gaining pleasure or sexual arousal by attempting to arouse others, he/she should be reminded (or informed) of Positive Change’s policy regarding dress code.</p> <p><b>Other paraphilia</b> (such as fetishism, frotteurism) will be dealt with in a manner that is appropriate and complies with any other relevant policies.</p> <p><b>Note:</b> If the problem is significant, an employee/volunteer should refer the client to a counsellor or mental health professional.</p>		
<b>Rationale:</b>	<p>Sexual issues such as those outlined above involve others being unconsenting participants in the individual’s sexual practices i.e. being viewed or being made uncomfortable etc. Positive Change does not wish to have its clients/employees/volunteers subject to this form of harassment.</p> <p><u>Underpinning values:</u> respect, Godly conduct, pastoral care, relationships <u>Underpinning principles:</u> safety, respect</p>		
<b>Related policies/procedures:</b>	<p>Dress code for clients Sexual contact and relationships</p>		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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## Sleepwalking

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	Positive Change will seek to ensure the safety of clients who sleepwalk without compromising the safety of other clients.		
<b>Procedure:</b>	For health and safety reasons, objects should never be scattered over the floor in residential facilities. If the employees/volunteers in the residential facility are aware that a client in the program is a sleepwalker, extra care should be taken to ensure that the client cannot injure him/herself if he/she is walking around in the dark. Sleepwalkers are able to see and avoid objects in their path but accidents do occur. Where a facility has an alarm that alerts employees/volunteers to the fact that a client is walking around in the facility at night or the employee/volunteer hears a client moving around, the employee/volunteer should investigate. If the employee/volunteer finds that the client is sleepwalking, the employee/volunteer should gently direct the client back to bed and, in the morning, record the incident in the handover material. If a client injures him/herself the employee/volunteer is to perform first aid as required and fill in an <i>Incident report form</i> .		
<b>Rationale:</b>	Sleepwalking can present a significant risk, especially in a facility such as The Watershed that has steep steps and is located on a busy road. Positive Change has a duty of care to its clients.  <u>Underpinning values:</u> pastoral care, respect <u>Underpinning principles:</u> safety, respect		
<b>Related policies/procedures:</b>	Cleanliness and hygiene Confidentiality and the handling of client related personal information		
<b>Relevant form/s:</b>	<i>Incident report form</i> – Positive Change general		
<b>Relevant document/s:</b>	<i>Handover</i> – The Watershed <i>Handover</i> – Metamorphosis		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Suicidal behaviour and/or ideation**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services divisions
<b>Policy:</b>	Positive Change employees/volunteers will take seriously every indication from a client that he/she is considering suicide. Positive Change employees/volunteers will seek a suicide risk assessment from a suitably qualified mental health professional if there are any significant concerns. Positive Change employees/volunteers will <u>not</u> hold their duty of confidentiality above their duty of care to protect a client from him/herself.
<b>Procedure:</b>	<ol style="list-style-type: none"> <li>1. Identify and estimate the level and immediacy of the current self-harm/suicide risk <ul style="list-style-type: none"> <li>▪ recognise and respond to hints, cues, triggers or actions indicating that the person may be considering self-harm or a suicide attempt</li> <li>▪ ask directly about thoughts of suicide and self-harm whenever there are grounds for concern</li> <li>▪ determine the current level of risk and the level of threat affecting the person's safety and the safety of others.</li> </ul> </li>   <li>2. Undertake the necessary action required to promote safety <ul style="list-style-type: none"> <li>▪ remove, where possible, any items that the person may use to carry out a threat of self-harm or suicide</li> <li>▪ remove any other people who may be at risk in the situation</li> <li>▪ attend to the pain associated with the suicidal/self-harm crisis and the validity of the person's feelings</li> <li>▪ work with the person where possible to generate an immediate safety plan (use of the <i>Suicide / self-harm safety plan form</i> is an option)</li> <li>▪ facilitate the intervention of emergency medical help where it is assessed that there is an imminent threat</li> <li>▪ seek and act on feedback from a supervisor to ensure action taken complies with accepted organisational policies, practices, ethics and duty of care obligations</li> <li>▪ observe Occupational Health and Safety obligations in relation to managing self and others</li> <li>▪ refer to health professionals as appropriate.</li> </ul> </li>   <li>3. Facilitate and strengthen the individual's links to further care <ul style="list-style-type: none"> <li>▪ explore the person's openness towards accepting help</li> <li>▪ provide information to enhance the person's capacity to seek out further assistance</li> <li>▪ develop with the individual a plan for accessing and utilising informal supports and professional help</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>▪ encourage and facilitate the use of supports when required.</li> </ul> <p>4. Provide on-going support once it is assessed that there is no imminent risk</p> <ul style="list-style-type: none"> <li>▪ maintain an open rapport with the individual in order to encourage discussion around on-going concerns related to self-harm/suicide risk</li> <li>▪ support the individual to develop coping strategies (both internal and external) which address thoughts of self-harm or suicide</li> <li>▪ determine with the person whether there are underlying issues, e.g. depression, trauma, substance abuse that need addressing</li> <li>▪ assist the person to seek out additional resources that may be required to address these issues</li> <li>▪ ensure that the supports and coping strategies developed are documented and communicated as necessary to other members of the work team</li> <li>▪ comply with relevant ethical guidelines and policy requirements that affect duty of care.</li> </ul> <p><b>Use of force</b> If a client is in immediate danger of losing his/her life, Positive Change will support an employee/volunteer restraining the individual for only as long as necessary and only using the minimum force needed to remove the source of danger.</p>		
<b>Rationale:</b>	<p>Individuals who are exhibiting suicidal behaviour and/or ideation are often desperately seeking a way to deal with a crisis situation. The first responsibility of the employee/volunteer is to keep the client safe until the crisis has passed. The second responsibility of the employee/volunteer is to, by connecting with the individual, work with him/her to address his/her circumstances in a more positive manner. The procedure outlined above will guide the employee/volunteer in fulfilling his/her responsibilities.</p> <p><u>Underpinning values:</u> pastoral care, respect <u>Underpinning principles:</u> safety, legality, respect</p>		
<b>Related policies/procedures:</b>	Self-harm/self-mutilation Trauma		
<b>Relevant form/s:</b>	<i>Suicide /self-harm safety plan form</i> – Positive Change general		
<b>Relevant document/s:</b>	See Appendix D for information about conducting a suicide risk assessment See Appendix E for information about negotiating a safety plan Some of the information provided in the procedure comes from the Community Services Package – Unit of Competency CHCCS501A.		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Trauma**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Division		
<b>Policy:</b>	Positive Change employees/volunteers will provide support to a client after he/she has experienced a traumatic experience. Positive Change employees/volunteers will assist clients to notify any relevant authority about the traumatic incident. Positive Change employees/volunteers will refer clients to another service as is required for post trauma counselling.		
<b>Procedure:</b>	<p>As necessary, an employee/volunteer should contact the police or any other relevant authority with or on behalf of the client.</p> <p>Positive Change employees/volunteers will:</p> <ul style="list-style-type: none"> <li>▪ provide an environment that will help the client to express his/her thoughts and feelings in a manner that is 'safe' and 'open'</li> <li>▪ take the time to discuss the event, especially the thoughts and feelings that arise as a result of the event*</li> <li>▪ advise the client to maintain a normal schedule as far as possible</li> <li>▪ help the client to engage in activities that are positive</li> <li>▪ recognise that people frequently feel guilty after experiencing a traumatic incident – listen to this – do not simply tell the person to stop feeling that way as it is unlikely to help.</li> </ul> <p><b>*Note:</b> Formal counselling is the appropriate setting for deep discussion of these issues. However, all employees/volunteers should also be available to the client to provide support.</p>		
<b>Rationale:</b>	<p><u>Underpinning values:</u> pastoral care, relationships, respect</p> <p><u>Underpinning principles:</u> safety, respect</p>		
<b>Related policies/procedures:</b>	Counselling (including spiritual aspects) Occultic practices		
<b>Relevant form/s:</b>			
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
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**Valuables and personal property**

<b>Applicable to:</b>	Employees and volunteers within the Residential Services Division		
<b>Policy:</b>	<p>Upon request Positive Change will lock up and hold the valuables and personal property of clients while they are in a residential program.</p> <p>Positive Change takes no responsibility for items stolen from the premises and will not replace or compensate the client for the loss of property.</p> <p>Any property that is left behind by a client after he/she leaves a residential facility is to be bagged, named and dated. Attempts will be made to contact the individual. If he/she is able to be contacted he/she should be instructed to retrieve the belongings within 1 month. If the client is <u>not</u> contactable, the property is to be kept for 2 months. If the client has made no attempt to collect the items after this time the property is to be thrown out or donated to a charity.</p> <p>Clients are to be informed of Positive Change’s policy regarding valuables and personal property on intake.</p>		
<b>Procedure:</b>	<p>If a client has any valuables with him/her that he/she requests to place in safekeeping, he/she must give the item/s to an employee/volunteer to lock up. At this time the employee/volunteer is to inform (or remind) the client that Positive Change takes no responsibility for the property. A record of items given to employees/volunteers for safe keeping must be made and signed by the employee/volunteer who received the property and by the client who owns the property.</p> <p>An employee/volunteer who receives a complaint from a client because his/her property is missing should follow the policy/procedure for criminal behaviour.</p>		
<b>Rationale:</b>	<p>Positive Change residential facilities do not have space to collect large quantities of client belongings. Out of respect for clients, property will be kept for a reasonable period of time and attempts will be made to contact clients and remind them to pick up the items.</p> <p><u>Underpinning values:</u> respect <u>Underpinning principles:</u> respect</p>		
<b>Related policies/procedures:</b>	Criminal behaviour		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006



**Violent aggressive behaviour**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Definition/s:</b>	<p><u>Violent aggressive behaviour:</u> Violent aggressive behaviour includes:</p> <ul style="list-style-type: none"> <li>▪ verbal abuse</li> <li>▪ threats and intimidation</li> <li>▪ physical attacks to a person</li> <li>▪ physical attacks to property.</li> </ul>
<b>Policy:</b>	<p>Employees/volunteers will seek to minimise the risk of encountering violent aggressive behaviour. If violent aggressive behaviour is encountered Positive Change employees/volunteers will use the least intervention necessary to stop the behaviour and minimise the risk of it occurring again. In particular an employee/volunteer will avoid responding in ways that are likely to increase the risk of violent aggressive behaviour continuing. Violent behaviour perpetrated by a client will not be tolerated in a Positive Change residential facility.</p>
<b>Procedure:</b>	<p><b>Dealing with the risk of violent behaviour</b></p> <p>If an employee/volunteer has concerns that a client is an immediate risk of engaging in violent aggressive behaviour the employee/volunteer should:</p> <ul style="list-style-type: none"> <li>▪ identify risk factors and discuss with a supervisor</li> <li>▪ prevent violent behaviour as seen fit or as directed by a supervisor</li> <li>▪ seek an evaluation or assessment by a suitably qualified mental health professional - explain to the client that you are concerned about his/her safety and the safety of the other clients in the residential facility and that in order for the client to remain in the program he/she must be assessed by an appropriate person (a suitably qualified mental health professional)</li> <li>▪ recommend that the client engage in counselling or therapy for any emotional difficulties that may be manifesting in violent and/or aggressive behaviour</li> <li>▪ recommend that the client engage in skills training aimed at improving communication, interpersonal skills and the development of alternative, non-violent means of responding. This could be done as part of the Positive Change program and should involve reinforcement of new behaviours, attitudes and skills.</li> <li>▪ reinforce to the client (if applicable) that violent behaviour resulting from the use of alcohol or drug substances will not be tolerated in Positive Change programs</li> </ul> <p><b>Dealing with violent aggressive behaviour directed at an employee/volunteer*</b></p> <p>When a client or other person directs violent aggressive behaviour at an employee/volunteer or at property, if it is safe to do so, the employee/volunteer will use</p>

	<p>assertive, non-aggressive language to tell the client (or other person) that his/her/their behaviour is unacceptable and that the behaviour will result in negative consequences if it continues.</p> <p>If feeling unsafe, depending on the circumstances the employee/volunteer is to: (note in the following ‘you’ refers to the employee/volunteer)</p> <ul style="list-style-type: none"> <li>- try to get another employee/volunteer to come to the area where the violent aggressive behaviour is taking place</li> <li>- try to avoid cornering the person or allowing him/her to corner you</li> <li>- assess the mental and emotional state of the violent aggressive person (e.g. frustrated, mentally unwell, intoxicated etc), and assess the risk of physical violence</li> <li>- try to accommodate his/her needs (if necessary in order to reduce the immediate risk of physical violence)</li> <li>- ask the person to leave (if he/she does, lock any doors that will prevent the person from returning while he/she is still upset)</li> <li>- tell the person that you will call the police if the behaviour does not stop</li> <li>- remove yourself from the scene</li> <li>- remove other people at risk from the scene if it is safe for you to do so.</li> </ul> <p><b>Dealing with violent aggressive behaviour between clients</b></p> <p>Violent behaviour needs to be dealt with when it first appears – usually at the swearing and abuse stage. A ‘cooling off’ period may be instigated by an employee/volunteer by sending those involved to different parts of the facility (away from each other) and involving them in constructive tasks. If possible, discuss with the clients when each has calmed down, what issues were causing the problem and handle the situation as seen fit.</p> <p>If the clients are unable to work through their problems in a peaceful manner between themselves, they should ask a staff member for help or a staff member should offer help. If there is a potential for violence, an employee/volunteer should isolate the person/people if possible and talk the problem through. If the aggression escalates, the employee/volunteer should attempt to verbally separate the clients who are fighting. An employee/volunteer should not physically handle a client unless the situation is judged to be dangerous. (A situation could be classified as dangerous if there was the possibility for a client to come to significant harm if the employee/volunteer did not become involved.) An employee/volunteer should actively discourage other clients from becoming physically involved in the fight. If the aggression continues an employee/volunteer should inform the clients involved that the police will be called. If the violent behaviour continues and the situation is considered dangerous, the employee/volunteer should call the police.</p> <p><b>Writing up an incident where violent aggressive behaviour has occurred</b></p> <p>After the incident is over, write up what happened in the Handover material and prepare an <i>Incident report form</i>.</p>
<b>Rationale:</b>	Positive Change has a duty of care to its clients, its employees and its volunteers.

	Violent aggressive behaviours can be an indication that a client is not coping with the situation. It is important that, once the threat is dissipated, employees/volunteers explore the reason for the behaviour and work with the client to prevent reoccurrence.		
	<u>Underpinning values:</u> respect, relationships, leadership, Godly conduct, pastoral care <u>Underpinning principles:</u> safety, legality, participation, respect		
<b>Related policies/procedures:</b>	Confidentiality and the handling of client related personal information		
<b>Relevant form/s:</b>	<i>Handover – The Watershed</i> <i>Handover – Metamorphosis</i> <i>Incident report form – Positive Change general</i>		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006

\*Positive Change would like to acknowledge YAPA for the information provided in this procedure.



**Visiting (home of client/employee/volunteer)**

<b>Applicable to:</b>	Employees and volunteers within the Outreach Services and the Residential Services Divisions
<b>Policy:</b>	<p><b>Client visiting the home of an employee/volunteer</b>          Employees/volunteers who choose to have a client/former client visit and/or stay at his/her home will do so at his/her own risk and Positive Change will not accept liability for any damage or loss that the employee/volunteer experiences as a result.</p> <p>Employees/volunteers who choose to give a client/former client his/her personal address or phone number will do so at his/her own risk and Positive Change will not accept liability for any damage or loss that the employee/volunteer experiences as a result.</p> <p><b>Employee/volunteer visiting the home of a client</b>          In his/her capacity as a Positive Change employee/volunteer a Positive Change employee/volunteer is not to attend the home of a client/former client of a Positive Change program by him/herself unless he/she is the same sex as the client, is familiar with the client (through numerous contacts) and he/she has the permission of a supervisor to do so.</p> <p><b>Continuing contact post-residential care</b>          Follow-up of former clients of a Positive Change residential facility is the responsibility of the Outreach Services Division. If an employee/volunteer of a residential facility wishes to contact a former client he/she is to do so with the authorisation of his/her supervisor <u>as well as</u> a supervisor from the Outreach Services Division.</p> <p>If an employee/volunteer chooses to continue contact with a former client outside of his/her Positive Change duties he/she is to communicate clearly to the client that he/she is not operating in a Positive Change capacity.</p>
<b>Procedure:</b>	<p>An employee/volunteer is to consider the possible risks of giving out his/her personal address/phone number and/or having a client/former client visiting/staying at his/her house. Some of the possible risks are outlined below. If an employee/volunteer chooses to give out his/her address/phone number to a client/former client and/or has a client/former client stay at his/her house he/she does so at his/her own risk.</p> <p>If it is necessary for an employee/volunteer to meet with a client outside of a Positive Change facility, it is preferable to arrange for the meeting to take place in a public place such as a coffee shop. Alternatively, the employee/volunteer could take another</p>

	<p>suitable adult person on the visit.</p> <p><b>Continuing contact post-residential care</b>  <u>During personal time</u>          If a employee/volunteer chooses to continue contact with a former client outside his/her Positive Change duties in his/her own time he/she is to communicate clearly to the client that he/she is not having contact with the client in his/her role as a Positive Change employee/volunteer. It is preferable that the relevant member of the Positive Change leadership team be made aware of any such contact. However, he/she will does not recommend or encourage any such contact.</p> <p><u>If the client re-enters the program</u>          If the client re-enters the program at a later date and the employee/ volunteer has continued contact with the client it is necessary for the employee/volunteer to declare to the relevant member of the Positive Change leadership team any contact he/she is having or has had with the client while he/she was not a program participant.</p>		
<b>Rationale:</b>	<p>Positive Change wishes to protect its employees/volunteers from harm. There are a number of possible risks associated with the above mentioned practices.          These include:</p> <ul style="list-style-type: none"> <li>▪ that the client makes an allegation regarding inappropriate conduct (which may or may not have occurred) against the employee/volunteer</li> <li>▪ if, at a later date, the client develops a negative view of the employee/volunteer the client may use his/her knowledge of the employee/volunteer’s address/phone number to cause problems for the employee/volunteer</li> <li>▪ the client may provide the employee/volunteer’s address/phone number (or other personal information disclosed) to others</li> <li>▪ the client may develop an inappropriate attachment to the employee/volunteer</li> <li>▪ it is important for employees/volunteers to keep their personal and professional lives separate.</li> </ul> <p><u>Underpinning values:</u> pastoral care  <u>Underpinning principles:</u> safety</p>		
<b>Related policies/procedures:</b>	Na		
<b>Relevant form/s:</b>	Na		
<b>Relevant document/s:</b>	Na		
<b>Modification history:</b>	<b>Initially approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Nov 2002
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Aug 2003
	<b>Amendments approved</b>	<b>Name:</b> Leanne Whittacker (Director)	<b>Date:</b> Jan 2006

## **Part D: Appendices**

### **Appendix A: Locating legislation**

#### Queensland state legislation

In this document state legislation is identified by the (Qld) after the year in the title. Queensland state legislation can be found at the following website:

<http://www.legislation.Qld.gov.au/Legislation.htm>

Simply select the letter of the beginning of the title of the Act you wish to view.

#### Commonwealth (federal) legislation

In this document commonwealth legislation is identified by the (Cth) after the year in the title. Commonwealth legislation can be found by conducting a search at the following website:

<http://www.comlaw.gov.au/>

## Appendix B: Worked examples

### Absconding

<b>Worked example/s:</b>	<p><u>The Watershed scenario</u></p> <p>At 5 pm an employee notices that a particular resident (20 yrs old) is not in the house. He/she asks other clients about this and they inform the employee that the client has gone over to the 'servo' across the road to buy a drink. At 6 pm (dinner time) the employee sends another client over to the servo to let the first client know that it is time for dinner. The second client returns and informs the employee that the first client is not at the 'servo'. The employee gathers the other clients for dinner and asks if anyone knows anything about the client being missing. All clients report that they do not.</p> <p>At 7 pm the employee attempts to contact the client on his mobile phone but the phone diverts to message bank. In assessing the situation the employee takes into consideration that the client is often late and is easily distracted. The employee also knows that the client has a friend who lives near the 'servo'.</p> <p>The employee locks the door as usual at 'bedtime'. The client returns the following morning and states that he stayed the night at his friend's home.</p> <p>In this situation there was obviously no need to contact anyone however the client, having stayed out past curfew, will need to be dealt with according to the discipline procedure.</p>
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### Diseases – infectious and degenerative

<b>Worked example/s:</b>	<ol style="list-style-type: none"><li>1. Positive Change would <u>not</u> discriminate against a person with Hepatitis C. Hepatitis is transmitted via blood to blood contact and the application of appropriate procedures can prevent infection.</li><li>2. Positive Change would discriminate against a person with measles <u>until</u> the period of infection has passed. This is because there is no means to prevent transmission.</li></ol>
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## Appendix C: Assessing the level of risk

### Situations when a risk assessment is likely to be required:

- abuse of a child or young person
- excursions/camps
- mental illness
- visiting
- suicidal behaviour and/or ideation – Appendix E is to be used for this purpose.

### Using the table on the next page:

#### Step One:

**CONSEQUENCE** – Identify the most likely outcome of a potential accident (think of the worst possible scenario)

#### Step Two:

**LIKELIHOOD** – Estimate the likelihood that the accident will occur and result in this/these consequence/s

#### Step Three:

**DETERMINE RISK LEVEL** – Find the box (the risk level) that links the consequences and the likelihood.

If it is determined that an activity is classed as moderate, high or very high risk you will need to ‘treat the risk’ in an attempt to reduce the level of risk. You would then decide how you are going to deal with or treat the risk/s you have identified and analysed by:

- identifying all possible options to treat the risk
- selecting the most feasible and cost-effective option
- developing strategies to treat the risks, and
- implementing strategies – decide:
  - o who will implement them
  - o what strategies should be implemented
  - o when they will be implemented, and
  - o how they will be implemented.

If, after treating the risk as much as possible, the risk is still high or very high you would not continue with the activity.

Worked examples using the *Risk Classification Table*:

**Example 1:** If you were taking a group of young people for an outing on a bus to the city, death/serious injury would be a possible consequence but because the likelihood of it happening is only remotely possible the risk factor would be *MODERATE*.

**Example 2:** In a kitchen area where a stove was being used by a number of people and there were children around, the possibility of a child pulling a saucepan of hot food over him/herself would be quite likely. The consequences could be very serious burns. Therefore the risk factor would be *VERY HIGH*.

	<b>Minor</b>	<b>Substantial</b>	<b>Serious</b>	<b>Very Serious</b>	<b>Disaster</b>
<b>Almost Certain</b>	High	High	Very High	Very High	Very High
<b>Likely</b>	Moderate	Moderate	High	Very High	Very High
<b>Possible</b>	Low	Moderate	High	High	Very High
<b>Remotely Possible</b>	Low	Low	Moderate	Moderate	High
<b>Practically impossible</b>	Low	Low	Low	Low	Moderate

## Appendix D: Suicide risk assessment

AREAS TO CONSIDER	HIGH RISK	MODERATE RISK	LOW RISK (Does not mean no risk)
<b>1. Previous suicide attempts</b>			
History	High lethality or high number of previous 'less lethal' attempts.	Low lethality or low number of previous 'less lethal' attempts.	Little previous suicidal behaviour.
<b>2. Current Suicide plan</b>			
Communication	<i>Any of the following examples can be an indicator of suicidal communication: direct communication of suicide plan, giving things away, 'goodbyes', statements of revenge, poems, drawings, depressed body language, uncharacteristic sense of wellbeing (resolve).</i>		
Details	Suicide plan is thought out.	Plan has some specific details.	Vague plan - few details
Availability of means	Access to method of suicide.	Limited access to method of suicide.	Access to method of suicide is not available or not readily available.
Timeframe	Intention is to act immediately.	Intention is to act in the near future.	Timeframe is undetermined or not specific.
Lethality of method	Gun, hanging, jumping, carbon monoxide.	Drugs & alcohol, planned motor vehicle accident, pills, slashed wrists.	Evidence of minor self harming (ie: superficial cuts, binge drinking).
Potential for intervention	Isolation, no one else nearby.	Others are available if called upon (eg: phone).	There are others around all the time.
<b>3. Personal Pain</b>			
Stress/Distress	Severe reaction to personal loss or crisis. Anniversary of loss or crisis.	Marked reaction to loss or personal crisis.	Little or no reaction to loss or change.
Depression	Overwhelming depression, hopelessness, anxiety or anger.	Moderate depression, some moodiness, sadness, irritability, decrease of energy.	Mild depression, feelings of being slightly down.
Coping behaviour	Significant disturbance in daily functioning (sleeping, eating, social interactions, chronic pain). Participating in high risk behaviour with life threatening outcomes. Possible resistance to help.	Some disruption to daily activities, i.e.: eating, sleeping, school, work and/or relationships. Some evidence of risk-taking behaviour combined with a history of this.	Little change/disruption to daily activities.
<b>4. Resources</b>			
Support Networks	Inability to identify support. Family or friends not available. Significant self neglect.	Possible inability to identify or call on support. Inconsistent support from others.	Support available. Family and friends concerned & willing to help.
Lifestyle stability	Unstable personality, emotional disturbance, repeated difficulty with peers and others.	Some instability in personality, recent acting out behaviour or substance abuse.	Stable personality, stable relationships and able to perform at school or work.

**See over page for how to respond depending upon the assessed level of risk.**

Response depending on assessed level of risk	HIGH RISK	MODERATE RISK	LOW RISK (Does not mean no risk)
	Ambulance – 000 Police – 000 (including Cross Cultural Police Liaison)  Royal Brisbane Hospital Emergency – (07) 3636 8111 Under 14s – (07) 3636 3777  Prince Charles Hospital – (07) 3350 8111  Child & Youth Mental Health Service (under 18s, see list below)  Community Mental Health Service (over 18s, see list below)  Older Adult Mental Health Teams – (07) 3350 8620  24 Hour Help Line – (07) 3817 2577	Ambulance – 000 Police – 000 (including Cross Cultural Police Liaison)  Royal Brisbane Hospital Emergency – (07) 3636 8111 Under 14s – (07) 3636 3777  Prince Charles Hospital – (07) 3350 8111  Child & Youth Mental Health Service (under 18s, see list below)  Community Mental Health Service (over 18s, see list below)  Older Adult Mental Health Teams – (07) 3350 8620  Indigenous Youth Health Service (Mon to Fri 8:30am to 4:30pm) – (07) 3240 8900  Transcultural Mental Health (Mon to Fri (8:30am to 4:30pm) – (07) 3240 2833  24 Hour Help Line – (07) 3817 2577	Child & Youth Mental Health Service (under 18s, see list below)  Community Mental Health Service (over 18s, see list below)  Indigenous Youth Health Service (Mon to Fri 8:30am to 4:30pm) – (07) 3240 8900  Transcultural Mental Health (Mon to Fri (8:30am to 4:30pm) – (07) 3240 2833  24 Hour Help Line – (07) 3817 2577

<b>Community Mental Health Services</b> (Mon to Fri 9am to 5pm) Aspley – (07) 3263 0888 Atherton – (07) 4091 0213 Bamaga – (07) 4069 3200 Biloela – (07) 4992 1333 Beenleigh – (07) 3290 9855 Bowen – (07) 4783 3055 Bundaberg – (07) 4150 0400 Caboolture – (07) 5433 410 Cairns – (07) 4050 3100 Charleville – (07) 4654 1380 Charters Towers – (07) 4654 1380 Cherside – (07) 3350 8633 Cherside – (07) 3350 8454 (AH till 9pm) Chinchilla – (07) 4662 7711 Cooktown – (07) 4069 5270 Coorparoo – (07) 3847 0900 Dalby – (07) 4669 0501 Emerald – (07) 4982 0331 Fortitude Valley – (07) 3834 1605 Gayndah – (07) 4161 3571 Gladstone – (07) 4972 3466 Goodna – (07) 3818 4800 Gympie – (07) 5482 1212 Kingaroy – (07) 4162 9214 Inala – (07) 3275 5355 Inner Northern – (07) 3834 1605 Innisfail – (07) 4061 5305 Ipswich – (07) 3817 2555 Logan Central – (07) 3808 1281 Longreach – (07) 4658 1380 Mackay – (07) 4968 6494 Maroochydore – (07) 5459 6900 Maryborough – (07) 4123 8777 Mount Isa – (07) 4744 7103 Nambour – (07) 5450 4700 Nundah – (07) 3260 5718 Palm Beach – (07) 5525 5661 Pialba – (07) 4128 5400	Pine Rivers – (07) 3482 9800 Redcliffe – (07) 3897 6222 Redland – (07) 3488 3665 Rockhampton – (07) 4920 6100 Roma – (07) 4622 2277 Sandgate – (07) 3631 7499 Southport – (07) 5537 0655 St George – (07) 4625 3237 Thursday Island – (07) 4069 2300 Toowoomba – (07) 4639 24 Townsville – (07) 4727 0211 Warwick – (07) 4661 6946 Weipa – (07) 4069 9036 West End – (07) 3846 9400 Wynnum – (07) 3893 8404  <b>Child and Youth Mental Health Services</b> (Mon to Fri 9am to 5pm) NOTE a referral from a GP is usually necessary. Caboolture – (07) 5499 3100 Enoggera – (07) 3355 9666 Goodna – (07) 3818 4800 Goondiwindi – (07) 4671 6640 Greenslopes – (07) 3397 9077 Inala – (07) 3372 5577 Ipswich – (07) 3817 2555 Logan Central – (07) 3290 0500 Nundah – (07) 3266 3377 Pine Rivers – (07) 3881 9999 Redcliffe – (07) 3897 6322 Redlands – (07) 3488 3638 South Brisbane – (07) 3840 1640 Stanthorpe – (07) 4681 5210 Toowoomba – (07) 4616 6843 Warwick – (07) 4660 3901 Yeronga – (07) 3848 8011  Out of hours (Mon-Fri 4:30pm to 9:30pm and Sat 2pm to 9:30pm) – (07) 3636 3777
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# Appendix E: Negotiating a safety plan (suicide)

## 1. Research

- a. Ensure that you have an open and honest rapport with the person
- b. Make sure you are OK within the situation.
- c. Explore previous triggering events
  - i. Why were they triggering issues?
  - ii. Are there other issues contributing to them?
- d. Explore previous coping mechanisms
  - i. How has the client dealt with the events in the past?
  - ii. What caused their coping mechanisms to be less helpful this time?

## 2. Analyse

- a. Explore how the previous coping methods were unhelpful this time. Try to figure out what made them "hard" to achieve.
- b. Try to define the core contributing issues and any external issues

## 3. Design

- a. Brainstorm potential alternate coping methods.
- b. Designating appropriate strategies for appropriate areas:

*Preventative* - Thought- or Action-based strategies to take before suicidality becomes an issue. Eg. Do more exercise - join Soccer Club.

*Interventionist* - Thought- or Action-based strategies to take once suicidality becomes an issue. Eg. Ring Aunty Helen to chat.

*Postventative* - Thought- or Action-based strategies to take once suicidality becomes less of an issue. Eg. Disposal of implements, Appointment with youth worker

	Thoughts	Actions
<b>Preventative</b>		
<b>Interventionist</b>		
<b>Postventative</b>		

## 4. Implementation

- a. Mobilising support systems (eg family (where appropriate), friends etc) including what information will be provided to these persons
- b. Undertaking specific measures to make the environment suicide-safe (removing other items that could become potential means of suicide)
- c. Maintaining supervision of the person at risk (initially measured in hours)
- d. Exploring emergency contact options (including the possibility of hospitalisation)
- e. Obtaining a commitment from the person at risk not to commit suicide, usually a signature

## 5. Operation evaluation

- a. Take time after the crisis is over to consider the effect of what you did.
  - i. What was effective and why?
  - ii. What was not effective and why?
  - iii. What would you do differently next time?

Suicide safety plan form over page.

## SUICIDE SELF-HARM SAFETY PLAN FORM

For a employee/volunteer to complete with a client when there is a risk of suicide and/or self-harm	
R	Research
A	Analyse
D	Design
I	Implement
O	Operation evaluation

Name of client:.....

Signature of client:.....

Name of employee/volunteer:.....

Signature of employee/volunteer:.....

# Appendix F: Comprehension questions

## Positive Change

### Client Management Operations Manual Comprehension Qs



Name:.....

Date:.....

Position:.....

Program:.....

**Instructions:** Please answer all the questions. You may look through your manual to find the answers. Please speak to your team leader or a coordinator if you have a question.

Indicate whether the following statements are true or false according to the *Positive Change Client Management Operations Manual (2006)*:

Statement	Answer	
	True	False
1. A client is not considered to have absconded if he/she has told other clients where he/she is going.	<input type="checkbox"/>	<input type="checkbox"/>
2. Cases of suspected abuse regarding young people aged 16-24 currently in Positive Change care must be reported to the <i>Department of Child Safety</i> immediately.	<input type="checkbox"/>	<input type="checkbox"/>
3. Chores are to be completed satisfactorily regardless of any other circumstances	<input type="checkbox"/>	<input type="checkbox"/>
4. Only negative feedback from clients should be recorded	<input type="checkbox"/>	<input type="checkbox"/>
5. Client records should be destroyed once the client has left Positive Change's care.	<input type="checkbox"/>	<input type="checkbox"/>
6. Encouraging someone to do something that he/she does not want to do (e.g. chores) can be classed as bullying.	<input type="checkbox"/>	<input type="checkbox"/>
7. It is important that <u>all</u> food preparation is performed in such a manner as to avoid offending any religious sensibilities that exist in society (e.g. kosher foods, etc).	<input type="checkbox"/>	<input type="checkbox"/>
8. Clients residing in a Positive Change residential facility are allowed to use computers as they please – young people know more about computers than employees/volunteers.	<input type="checkbox"/>	<input type="checkbox"/>
9. Positive Change clients have a legal right to access any record that contains information that pertains to him/her so long as it will not compromise the confidentiality of another client.	<input type="checkbox"/>	<input type="checkbox"/>
10. All complaints should be taken seriously, and recorded for posterity. The employee/volunteer with the most complaints is doing the most good!	<input type="checkbox"/>	<input type="checkbox"/>
11. An employee/volunteer who discovers that a client that experiences bladder control issues should try to avoid allowing the client to be embarrassed.	<input type="checkbox"/>	<input type="checkbox"/>
12. Once a person possesses a 'blue card' he/she can never have it withdrawn.	<input type="checkbox"/>	<input type="checkbox"/>
13. It is expected that Positive Change employees/volunteers encourage clients to avoid harmful addictions.	<input type="checkbox"/>	<input type="checkbox"/>
14. In residential facilities participating in chores does not actually 'help' clients. The purpose is only to keep the facility looking nice.	<input type="checkbox"/>	<input type="checkbox"/>

15. The four principles outlined in the Client Management Code of Conduct are: respect, safety, legality and participation.	<input type="checkbox"/>	<input type="checkbox"/>
16. Integrity is <i>not</i> one of the values of Positive Change.	<input type="checkbox"/>	<input type="checkbox"/>
17. Positive Change programs are based on the belief that people can live free from addiction.	<input type="checkbox"/>	<input type="checkbox"/>
18. Ridiculing a client who wets the bed will make him/her stop doing it.	<input type="checkbox"/>	<input type="checkbox"/>
19. Except where a client's immediate safety is at risk an employee/volunteer is to deal with bullying in a manner that responds to the needs of both the victim and the perpetrator.	<input type="checkbox"/>	<input type="checkbox"/>
20. If an employee/volunteer does not think a client has an infectious disease it is ok for him/her not to wear gloves when performing first aid on the client.	<input type="checkbox"/>	<input type="checkbox"/>
21. Clients are never allowed to use the internet on Positive Change computers.	<input type="checkbox"/>	<input type="checkbox"/>
22. If an employee/volunteer confiscates alcohol from a client it is ok for him/her to keep it and drink it.	<input type="checkbox"/>	<input type="checkbox"/>
23. Telling a client's personal information to the client's sister even though the client has not agreed to you doing so is ok because they are family.	<input type="checkbox"/>	<input type="checkbox"/>
24. It is alright to have sexual relations with a current client so long as the client 'consents'.	<input type="checkbox"/>	<input type="checkbox"/>
25. A sealed bag containing 'leaves' found in a client's bedroom (in a residential facility) could be described as a SUS.	<input type="checkbox"/>	<input type="checkbox"/>
26. It is ok for clients in a residential facility to be in possession of a knife (outside the kitchen) so long as he/she promises not to use it to harm him/herself or others.	<input type="checkbox"/>	<input type="checkbox"/>
27. It is ok for employee/volunteers to ignore the so-called 'requirements' of statutory agencies.	<input type="checkbox"/>	<input type="checkbox"/>
28. If Positive Change property is damaged by a client it is the responsibility of the employee/volunteer who was on duty to pay for any repairs.	<input type="checkbox"/>	<input type="checkbox"/>
29. Regardless of how serious the offence employees/volunteers should never 'dob' clients into the police.	<input type="checkbox"/>	<input type="checkbox"/>
30. Clients in Positive Change residential facilities are not permitted to wear clothes that denote occult symbolism.	<input type="checkbox"/>	<input type="checkbox"/>
31. Positive Change defines an emergency as any situation in which an individual or group is in immediate danger.	<input type="checkbox"/>	<input type="checkbox"/>
32. It is believed that aggressive speech and/or behaviour contributes to a healthy environment in residential facilities.	<input type="checkbox"/>	<input type="checkbox"/>
33. It is important for employees/volunteers to discuss expectations, rules and consequences with all clients attending prior to an excursion/camp.	<input type="checkbox"/>	<input type="checkbox"/>
34. Positive Change will reimburse clients for personal property stolen from a residential facility.	<input type="checkbox"/>	<input type="checkbox"/>
35. Positive Change would not allow a client to enter a residential program while he/she had measles (and was contagious).	<input type="checkbox"/>	<input type="checkbox"/>

# Appendix G: Agreement

**Instructions:** All employees and volunteers who engage in client related activities are to sign the statement below and return it to his/her immediate supervisor.

## **Agreement regarding: Positive Change's Client Management Operations Manual 2006**

I.....(full name) acknowledge that I have received a copy of the Positive Change's *Client Management Operations Manual 2006*, have read it, understood the code of conduct, policies and procedures contained therein and agree to abide by and work within the parameters outlines.

Furthermore I agree to re-read the document at least once every 6 months of my employment or, if an update is released, at the time of release.

Signed:..... Date:.....

Note: Once signed this agreement is to be kept in the employee/volunteer's personnel file with his/her answers to Appendix F.