



1.1.a Residential Care (Sanctuary) Framework

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Purpose

Introduction

The Residential Care (CIC) and Secure Care Services Sanctuary Framework, (the Framework), describes the overarching model and core elements that guide how the Department of Communities, (the Department), therapeutic residential care services operate. The Framework is based on the principles of the Sanctuary Model, and is informed by contemporary research and development from a range of disciplines and recognised international experts. It is the foundation of a coherent therapeutic approach to care and a trauma informed model that provides tools to address the impact of trauma at all levels of the organisation.

The Department provides Therapeutic Residential Care in 14 metropolitan homes that provide accommodation for up to 4 children aged between 10 and 17 years, 8 country Residential Care homes caring for up to 8 children with a range of ages and abilities and a Secure Care service for up to six children aged between 10 and 17 years deemed to be at extreme risk.

The homes and the secure care facility are staffed by multidisciplinary teams including senior staff that are responsible for the operation of the facility and providing supervision and support. Psychologists provide a therapeutic focus and support and oversee staff's therapeutic intervention with children and Education Officers provide assistance to staff and support children to access appropriate educational options. The Aboriginal Practice Leader provides consultation support for therapeutic care planning and assistance to staff in developing culturally safe practice. The Recreation Officer provides opportunities for young people to participate in tailored recreation programs, linkages to community-based activities, as well as support to staff in the development of house activity planning. The Senior Practice Development Officer provides programmatic support for policy development and staff practice advancement.

All facilities operate within the principles of the Framework - a trauma-informed approach that supports the creation of a therapeutic environment for children, young people and staff. The values and principles of Sanctuary are embedded into practice at all levels. Care is provided in all these services by trained staff who undertake shifts using a rotating roster model.

The Residential Care Services leadership group which consists of the Director Residential Care, the Senior Consultant Psychologist, Assistant Directors, and the Business Manager manage the day-to-day operations as well as develop and contribute to policies and programs directly affecting the Directorate and the wider Department.

The Context

Related Resources

Departmental Frameworks

- Residential Care (CIC) and Secure Care Services Sanctuary Framework

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Purpose

Children and young people who have been neglected and/or abused may not function at their chronological age in terms of their physical, social, emotional or cognitive skills. It is therefore critical that caregivers are aware of the effects of maltreatment on the children and young people and that Residential and Secure Care staff are able to respond in considered and informed ways rather than react to the behaviours displayed by the children and young people. Many child protection interventions seeking to protect and support children and young people, such as removal from home and placement with strangers, as well as appearances in court, may increase a child or young person's trauma. This is a common experience of many of the children and young people within Residential and Secure Care.

Healing from Trauma with the Sanctuary Model

The Sanctuary Model is a trauma informed model for creating an organisational culture that provides an environment within which healing from traumatic experiences can be addressed. The Sanctuary Model (originated in the USA in the 1980's it was created by Dr Sandra Bloom and her colleagues) is comprised of four pillars:

Pillar One - Trauma Theory:

Understanding Trauma theory begins with initial training for all staff. It includes; learning about the Impact of Trauma on children and youth; Introduction to the Sanctuary Model; and Therapeutic Crisis Intervention training which incorporates trauma theory in its practice model.

Each child's trauma history, including triggers and coping strategies are explored and documented to provide a shared understanding for all staff. This is the foundation of practice that is based on awareness of what has happened to the child and being able to see escalations and reactivity as pain based behaviour. Trauma informed responses contribute to emotional healing.

Each child also has a safety plan based on their trauma and behavioural history. This creates a shared understanding of what triggers may lead to escalations and suggested responses to ensure safety for children and staff. The plans are regularly updated based on observations and information provided by the child and other significant people.

Pillar Two - The S.E.L.F Framework:

The Safety, Emotion, Loss and Future Framework (SELF) is incorporated into the spoken and written language in all residential care services. Using SELF to organise the complex individual needs of each child helps staff to make trauma informed, therapeutic responses and interventions. Problem solving at all levels of the organisation is supported using SELF to ensure a holistic and considered outcome. The adoption of Sanctuary based shared language encourages trauma informed therapeutic discussions and guides and shapes policy development, care practice, and all interactions with internal and external stakeholders.

Pillar Three - The Seven Commitments:

Complementing the Departmental values of Integrity, Respect, Courage, Empathy Accountability, Trust and Empowerment; the Seven Sanctuary Commitments are integral to the creation and maintenance of a culture that supports healing from trauma.

These guiding commitments, (Democracy, Open Communication, Social Learning, Emotional Intelligence, Nonviolence, Social Responsibility and Growth and Change) provide a structure for staff to commit to, which in turn promotes the concept of practice community Residential Care (CIC) Services and Secure Care Services. Working in a way that honours each of these commitments is viewed as a continual challenge, only possible through regular reflective practice and accountability for all members. This occurs through team meetings, supervision, and informal reflection and discussion.

Pillar Four - Sanctuary Tools:

Using a range of practical interventions and tools, staff and children in the organisation are supported to use and reflect on the core Sanctuary principles and maintain fidelity and consistency in all areas.

Community Meetings: Held daily or more often if opportunities present, staff and children have the opportunity to identify and share emotions and goals as well as identify others within their community who can provide support.

Team meetings: Structured to allow staff to reflect on the work, discuss team functioning, share ideas and challenges and reflect on therapeutic care practice.

Red flag reviews: Are used in response to any issues or critical incidents. The meetings follow a clear protocol and focus on solutions rather than problems.

Self-care plans: All staff and children create and carry with them their own individual plan to support appropriate and safe management of stress or negative emotions. Health and wellbeing self-care plans: All staff and children are supported to create a broad range of strategies, activities and resources that support physical, social, psychological and moral safety both at work and at home.

S.E.L.F reviews: Documentation and planning documents reflect the SELF framework as a way of organising complex challenges for children, staff and the organisation

BEST SELF Sanctuary Psychoeducation: Children residing in Residential and Secure Care services participate in fun, interactive and meaningful activities that explore the impact of trauma on their lives. Focusing on all four pillars of the Sanctuary Model psychoeducation sessions provide opportunities for reflective learning.

Supervision: Individual, group, formal and informal opportunities for supervision are provided to staff, allowing a great deal of flexibility and responsiveness. Supervisors raise awareness of vicarious trauma prevention and self-care as well as areas of therapeutic care practice

Training: All new staff are provided with comprehensive training prior to commencing work in Residential Care or Secure Care. All staff are provided ongoing opportunities for learning both formal and informal.

Core Team: A range of staff from all levels of the organisation meet monthly to ensure the ongoing maintenance of the Sanctuary framework in practice. All staff are able to contribute via smaller groups that feed into the Core Team.

Staff Therapeutic Behaviours with the Children and Young People

Some of the key behaviours that staff can employ with young people that will make a difference to their sense of safety, healing and day to day behaviour include the following:

- Listening and responding with respect to young people helps them to develop a sense of dignity, a sense of being valued as persons, a sense of self-worth.
- Communicating a framework for understanding with young people helps them to develop a sense of meaning and a sense of the rationality within daily life.
- Building rapport and relationships with young people helps them develop a sense of belonging and connectedness with others.
- Establishing structure, routine and expectations with young people assists them to develop a sense of order and predictability in the world, as well as a sense of trust in the reliability of others.
- Inspiring commitment in young people encourages them to develop a sense of value, loyalty and continuity.
- Offering young people emotional and developmental support helps them to develop a sense of caring and mastery.
- Challenging the thinking and actions of young people helps them to develop a sense of potential and capability.

Purpose

- Sharing power and decision-making with young people encourages them to develop a sense of personal power and discernment.
- Respecting the personal space and time of young people helps them to develop a sense of independence.
- Discovering and uncovering the potential of young people helps them to develop a sense of hope and opportunity.
- Providing resources to young people helps them to develop a sense of gratitude and generosity.

Measurable and observable indicators of success:

- Reduction in violence (physical, verbal, emotional).
- A system understanding of the impact of trauma.
- Reduction in victim blaming: reduced punitive and judgemental responses.
- Clearer, more consistent boundaries and higher expectations (linked to rights and responsibilities).
- Earlier identification of, and strategies to deal with, perpetrator behaviour.
- Better ability to state clear goals, create strategies for change, justify need for a holistic approach.
- Understanding of repeat behaviour and resistance to change.
- More democratic environment at all levels.
- Improved outcomes for children, staff and the organisation.

Reference:

Sandra L Bloom (2005), *The Sanctuary Model of Organisational Change for Children's Residential Treatment*, Therapeutic Community: The International Journal for Therapeutic and Supportive Organisations

Dr James Anglin (2004) School of Child and Youth Care, University of Victoria Canada.



1.1.b Sanctuary Therapeutic Care Guide 2020

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Legislation

- Children and Community Service Act 2004

Purpose

The Therapeutic Care Services (Residential and Secure Care) Therapeutic Care Guide aligns with the Residential Care (Sanctuary) Framework. The Therapeutic Care Guide was developed to promote Growth and Change. The intent is for individuals and groups to use the Therapeutic Care Guide to reflect on care practice and decide where to focus energy and resources for continuous improvement in the delivery of therapeutic care. Regardless as to whether the Therapeutic Care Guide is being used by individuals or groups the process is the same: reflect, prioritise, plan and then act. The Therapeutic Care Guide, therefore, is a planning document and so space is included for recording the actions required to undertake improvements.

The process of reflection, prioritising and planning is best undertaken with others: the sharing of observations and perspectives and the interaction and exchange of differing views, experiences and impressions aid Growth and Change.

The Therapeutic Care Guide can be used for planning purposes at the individual, team and leadership level. At the individual level the Therapeutic Care Guide may be used to support and enhance supervision. At the team level the Manager, House Psychologist and Level 3's may use the Therapeutic Care Guide for bi-annual strategic planning. At the leadership level an Assistant Director, House Manager and House Psychologist may use the Therapeutic Care Guide for bi-annual strategic planning.

This Guide comprises the hallmarks of therapeutic care service delivery, taken from Australian and international literature on therapeutic caring for youth in out-of-home care and Residential Group Home care. These hallmarks are presented as a series of questions.

The questions have been clustered using the language of the Sanctuary Model, so that there is congruence with the Residential Care (Sanctuary) Framework. The questions in this Guide collectively focus on enabling a Residential Group Home to be a culturally appropriate, extra-familial living environment, which provides attachment experiences and opportunities that help to rescript a child's negative internal view of themselves and relationships and develop the child's self-esteem and sense of self-efficacy.

This Guide comprises four parts or Pillars: Trauma Informed Practice; Care Practice Values (Sanctuary Commitments); Domains of Healing – Safety, Emotion, Loss and Future; and Care Practice Rituals and Tools. The Pillars have been further organised into parts. These parts are referred to as Sanctuary Elements. The Therapeutic Care Guide includes instructions for use.

Related Resources

Standards

- Better Care, Better Services - Safety and quality standards for children and young people in protection and care

Related Resources

- Department of Communities TCS 2020 Sanctuary Therapeutic Care Guide

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)



1.2 Code of Conduct

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Purpose

To provide clear guidance about ethical ways of working and the standard of conduct required by all staff.

Practice Requirements

- All staff must receive a copy of the Code of Conduct as a part of their workplace induction.
- All staff must read and understand the Code of Conduct and apply the principles to their everyday work activities.
- All staff must complete the *Accountable and Ethical Decision Making* eLearning (via Moodle).

Procedures

- Code of Conduct

Code of Conduct

In line with the *Public Sector Code of Ethics* and Public Sector principles of official conduct the Department has developed its own *Code of Conduct* (the Code). The Department's *Code of Conduct* provides guidance about ethical ways of working and the standard of conduct expected of all workers in the Department. The Code is a guide on how we can apply the vision and values of the Department in our everyday working lives.

The *Code of Conduct* has seven key areas:

- personal behaviour
- communication and official information
- fraudulent or corrupt behaviour
- use of public resources
- recordkeeping and use of information
- conflicts of interest and gifts and benefits, and
- reporting suspected breaches of the code.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Resources

- Accountable and Ethical Decision Making eLearning
- Department of Communities Code of Conduct
- Public Sector Code of Ethics

Related Administration Manual Entries

- Code of conduct

Glossary of Terms

- Glossary of Terms

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1.3 Confidentiality and Information Sharing

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Legislation

- Children and Community Services Act 2004 – Part 10 Confidentiality provisions
- Children and Community Services Act 2004 – Section 237 Restriction on publication of certain information or material

Purpose

To provide guidance to residential care workers on the expected standards of confidentiality, professional integrity and judgement expected when disclosing or sharing information about another residential care worker or child.

Practice Requirements

- Under s.237 of the Act, residential care workers must not, except with written authorisation from the Director General, publish information or material that identifies, or is likely to lead to the identification of a person who is, or was as a child:
 - the subject of an investigation referred to in s.32(1)(d)
 - the subject of a protection application or a protection order under the *Children and Community Services Act 2004* (or previous legislation)
 - the subject of a responsible parenting order, or
 - the responsible person under a responsible parenting order.
- Residential care workers must refer all requests for information to the manager, the district or the Crisis Care Unit (after hours).
- All files must be kept in a secure place when not in use. Locked cabinets must be used to store all personal documents and items to safeguard the privacy and security of confidential information.
- The manager is responsible for disposal of confidential information securely.
- When responding to phone queries, residential care workers must verify who they are speaking to. If there is any doubt, refer the matter to the district, the home's manager or the Crisis Care Unit after hours.
- Residential care workers must not discuss personal details about a child in care without their permission, or in the hearing of another child. Conversations about children on the phone or in the home must always be discreet and not in the public domain. Residential care workers must be mindful that the sound of voices can carry within a home.
- Refer to Casework Practice Manual entry *Mutual information exchange and working with agencies*.
- Group homes must not create their own Facebook page without adhering to the *Social Media in Casework Practice Policy*.

Related Resources

Policies

- Social Media Policy

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Form 773 - Permission Form – Media and/or Publications

Related Casework Practice Manual Entries

- 3.2.5 Identification of children

Related Administration Manual Entries

- Confidentiality and disclosure of official information

Glossary of Terms

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Procedures

- Introduction
- Photographs
- Privacy and Social Networking

Introduction

Each child has the right to confidentiality about their personal information. Information about any child living in the home must be secured in the staff office so that children in the home do not have ready access. This is particularly important in relation to health, family, sexualised behaviour, legal issues and any disclosures or allegations pending.

The principle of “need to know” guides the release or sharing of confidential information with third parties. This must be carried out in accordance with s.23 of the Act, and decisions to release information must be made in conjunction with the district.

Confidentiality may not be guaranteed in cases where:

- there is a clear possibility of harm;
- there is an agreement for information sharing across departments (for example, WA Police, Princess Margaret Hospital, Department of Corrective Services); and/or
- there are ethical reasons (such as the need to protect the child or any other person).

If in doubt, consult with the manager or the child’s case manager during office hours, the on-call manager or Crisis Care Unit after hours.

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Photographs

For safety reasons, children must not be identified in photographs as a child in the CEO’s care. Residential care workers should observe the following guidelines:

- A child must give permission to have their photo taken.
- Photos must not contain an identifiable background or signage (for example, a government vehicle or premises).
- Children in care should not be excluded from beneficial social experiences associated with photographs, video recording and other published media such as school photographs and sports club articles.
- In the instance where a residential care worker only has their personal mobile available, at the first possible opportunity they should download the photos a Department computer and permanently remove them from the personal mobile. A copy should be sent to the district and a copy given to the child.
- Consideration should be given to what is in the child’s best interests, and to any adverse consequences that may result through the publication of a photograph (for example, safety concerns for the child should their whereabouts become known). Consultation should occur with the manager before publication is allowed, if there is a concern.
- If a Residential Care worker becomes aware of any published information that identifies a child as being a child in care, inadvertently or otherwise, they must report this incident to their manager immediately.

For more information refer to Casework Practice Manual entry *Identification of children*

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Privacy and Social Networking

Social networking websites and mobile phones have become popular tools for children to socialise with and share information. Children in care are a vulnerable group whose personal information should be safeguarded to prevent exposure to bullying, stalking or disclosure of their location.

Please refer to the *Social Media in Casework Practice Policy* for detailed information.

Children in care should be made aware of the importance of keeping their personal details private. This includes:

- not identifying themselves as a child in care
- not disclosing the names of residential care workers in their home
- not disclosing their full name address, or telephone numbers, and
- not disclosing what school or groups they attend (such as a sporting club).

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1.4 Staff Roles and Responsibilities

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Purpose

To provide an overview of the roles and responsibilities of individual members of the residential care team that provides a safe, therapeutic home-like living environment for children in residential care. Roles within the care team include managers, psychologists, education officers, a recreation officer, senior residential care workers and residential care workers.

Note: All descriptions provided below are generalist in nature. For specific information residential care workers should consult the appropriate JDF and or contact Human Resources.

Practice Requirements

- All staff must complete and update the following training
 - Accountable and Ethical Decision Making
 - Sanctuary
 - Therapeutic Crisis Intervention
 - First Aid
 - Cultural Awareness, and
 - any other training as directed.

Procedures

- Introduction
- Staff Roles

Introduction

All residential care workers contribute different expertise, strengths and experience in a variety of roles to build a collaborative care team that provides a consistent, safe and nurturing environment for children in residential care.

While different levels of responsibility exist in line management roles, a successful residential care team focuses on children's needs; communicates openly and democratically; exhibits emotional intelligence; undergoes specific targeted planning; works closely together; and supports each other to best meet the needs of the children in their care.

The care team in a metropolitan residential group home includes the psychologist and education officer. Country residential group home staff access district offices for education officer and psychologist services to the children in their care, and

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

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have additional access to country psychologists. These district staff and country psychologists have a key role in the home's care team.

Children may also be allocated a 'key worker' from within the care team.

All residential care workers are responsible for maintaining the home to the highest possible home-like standard. If any maintenance is required (damaged or malfunctioning equipment, capital works) residential care workers should contact Western Property and managers should contact Facilities Management immediately to rectify the problem.

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Staff Roles

Managers lead and model appropriate behaviour, develop a sense of common purpose and team cohesion, consistent with the principles underpinning the *Residential Care (Sanctuary) Framework*. They manage the team's human, financial, and physical resources, ensuring compliance with executive directives and Department guidelines. They also

- develop positive partnerships with district offices, external agencies and other stakeholders (including neighbours) to make sure that planning within the home promotes predictability for the children;
- contribute to the broader planning and management processes of residential care services and the Department. They contribute to the development and implementation of policy and program frameworks and manage local projects;
- report to the Director, Residential Care on the day to day issues of their home and the ongoing development and implementation of therapeutic care and Sanctuary model in the residential group homes.
- Country managers also report to their line manager in the district offices, either the assistant district director or the district director. Managers also act as change agents encouraging Residential care workers social responsibility, open communication and social learning.

The **Psychologist** provides specialist advice and consultative support to residential care workers on the provision of therapeutic care to children. Psychologists are based in residential care homes in the metropolitan area (via country residential care and/or district in country areas) and are involved in all aspects of the child's daily life working in a 'hands on' capacity.

Psychologists are change agents in the delivery of services to children in the residential care setting by:

- working closely with the Manager on ways to improve the home's therapeutic environment; and
- working collaboratively with residential care workers in guiding and supporting the provision of therapeutic care.

Education officers plan, deliver and maintain suitable schooling and education programs for children in residential care. They consult with appropriate departmental staff, the children and families and make a significant contribution to the development of a child's activity program.

Education officers liaise and negotiate with the manager, case manager, schools, other education providers and relevant agencies to provide appropriate learning and education opportunities to children in residential care.

Senior residential care workers undertake much of the role of residential care workers with some important additional roles. These include being responsible for providing a high standard of group care consistent with the program objectives and supervising residential care workers in all matters impacting on the management and welfare of the children in the home.

When required, Senior residential care worker work directly with managers in planning and directing the operations of the home, ensuring compliance with legislation, Department policies and practices, management instructions and

making sure that planning documents are adhered to. They identify issues in the operation of the home and assist in problem solving in relation to these issues.

Residential care workers are members of a team that provides group and individual care to children who at times display challenging behaviour. They create and maintain a safe, caring and home-like environment for children consistent with the Department's *Residential Care (Sanctuary) Framework*. They plan, coordinate and participate in lifestyle and recreational activities with children to promote positive growth and development.

Residential care workers monitor and contribute to the daily activities of children and provide a high standard of care and supervision. They undertake and organise housekeeping and maintenance to create a positive and safe physical environment. They are also responsible for administering medications and managing petty cash.

Residential care workers record events and critical incidents via email, *Log Book* and case notes to meet record keeping statutory requirements. They may also liaise with families where appropriate. They are also expected to attend meetings as required (for example, residential care plan meetings, child mental health planning meetings).

Each child may be allocated a residential care worker to act as their **Key Worker**. The key worker is expected to have regular discussions and get to know the child more thoroughly (their interests, likes, dislikes, goals, fears), to make sure that his or her individual needs are being addressed by the care team, and to provide additional support as needed. In addition to the care team, the key worker liaises with other residential care workers, the psychologist and the manager regarding the needs of the child. They are also responsible for:

- ensuring that the child's material needs (including clothing, toiletries and personal items) are met;
- liaising with the case manager to organise practical matters (for example, access to funds, appointments etc.);
- ensuring that special events relevant to the child are planned (such as the child's birthday, family members' birthdays, cultural events);
- assisting the child to maintain personal records (certificates, photographs, memberships); and
- participating in discussions, planning and reviews involving the child.

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1.5 Allegations of Abuse in Care

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Legislation

- Public Sector Management Act 1994

Purpose

To provide information about the procedures residential care staff must follow where a child in the CEO's care makes an allegation of abuse.

Practice Requirements

- When residential care staff receive an allegation of abuse in care by an adult or a child, he or she must take immediate action to make sure the child and other children in the home are safe and report the allegation (verbally and by email) to the house manager, the On-Call manager in the event an allegation is made after hours, and the Assistant Director. Brief allegation details are to be recorded in case notes (with the exception of allegations against employees).
- The Manager or Assistant Director
 - informs the Director and/or Assistant Director, Residential Care and the child's case manager, and
 - the residential care worker, manager, and the home's psychologist (where possible) undertake a risk assessment of the child and other children in the placement and take appropriate protective action and update safety plans as required.
- All allegations of abuse in care are to be placed on the child's residential care file, with the exception of allegations against employees due to reasons of confidentiality. The home's manager decides whether a Critical Incident Report must be completed.
- Refer to the following Casework Practice Manual entries for information about investigation processes:
 - *Safety and Wellbeing Assessment – safety and wellbeing concerns regarding children in the care of the CEO, and*
 - *Responding to standard of care concerns and safety and wellbeing concerns against Department employees.*

Procedures

- Allegations of current abuse while in the CEO's care
- Where the allegation relates to a Department employee
- Allegations of abuse prior to care

Allegations of current abuse while in the CEO's care

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Safety Plan Template
- Residential Care Critical Incident Report Template

Related Resources

- PROTOCOL FOR STANDARD OF CARE AND ALLEGATIONS OF ABUSE IN CARE FOR CHILDREN IN THE CEOS CARE - JANUARY 2020

Related Administration Manual Entries

- Reporting and handling misconduct
- Allegations of child abuse against Department employees or former employees

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The Department has a duty of care to all children while they are in the CEO's care. Where a child is in the CEO's care and there is an allegation of abuse and/or neglect, the Department has a responsibility to assess the allegation in a timely manner..

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Where the allegation relates to a Department employee

Where the allegation relates to a Department employee, the investigation must adhere to the Department's procedures and guidelines for managing such allegations and/or misconduct under the *Public Sector Management Act 1994*. Residential care staff should refer to Administration Manual entry *Reporting and Handling Misconduct*.

Where residential care staff receives information alleging that a child in the CEO's care has been harmed (non-accidental) or is at risk of harm, he or she must:

- take immediate action to make sure the child and other children in the home are safe;
- inform the home's manager and/or Assistant Director and the child's case manager, and

The information should include:

- details of the alleged incident
- the date the residential care staff was advised
- the name of the person who informed the residential care staff
- how the staff member was advised, and
- the names of all persons involved. Staff must acknowledge the child, but should not enter into further discussions about the incident – this is the case manager's role.

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Allegations of abuse prior to care

If a child in the CEO's care makes a disclosure or allegation relating to an incident before he or she came into the CEO's care, residential care staff, in consultation with the home's manager, should inform the child's case manager immediately verbally and by email.

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1.6 Staff Meetings

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Purpose

To provide information to residential care staff about the different types of meetings held to facilitate planning processes for and with children.

Practice Requirements

- Residential care staff must attend regular staff meetings to assist in developing individual and weekly programs and engage in ongoing reflective practice.
- Residential care staff must also participate in safety planning and collaborate with children and young people to develop self-care plans.

A range of meetings are held to facilitate the planning and review processes, and to give the child a voice in his or her care arrangements.

Procedures

- Staff Handover
- Weekly team meetings
- Learning and Development Meetings
- Placement meetings
- Residential Care Plan meetings
- Red Flag Meetings

Staff Handover

Residential care workers must participate in a verbal and written handover at the beginning and end of each shift.

A residential care worker from the outgoing shift must supervise the children during handover.

Information is exchanged verbally at staff handover but it should also be written on the *Handover Sheet*, and saved into Objective.

The type of information exchanged at staff handover should include, but is not limited, to the following:

- placement/discharges and relevant safety planning
- any known risks or alerts that may affect the operation of the shift
- information about the children, including appointments, transport times, current behaviours and relevant issues, etc.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Flowcharts

- Residential Care Services Referral Process Map

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- children's progress towards individual therapeutic plans
- administrative requirements, for example, petty cash, and
- any other information that is relevant to the operational needs of the home (for example, maintenance of the home).

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Weekly team meetings

Weekly team meetings are held each week and are attended by the residential care team. In country sites, the psychologist can link in via video conference.

All participants contribute to the review, planning and management of the home environment with the aim of improving the experience of all children residing there.

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Learning and Development Meetings

All staff learning and development meetings occur at least monthly or as agreed by the residential care team. The meetings are conducted in a learning and development context and include activities that provide workers with opportunities to develop their skills and understanding of therapeutic care, Sanctuary and residential care processes further.

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Placement meetings

Before a child is placed in a Residential Group home, the child, his or her case manager and home's manager should have a placement planning meeting at the group home. This meeting provides the opportunity for residential care staff to become familiar with the child's background by reading his or her Child Information Form, the placement referral, and care plan, etc. At this meeting, participants also:

- establish a daily plan and routine for the child
- a safety plan for when the child is placed
- discuss information regarding health and medication
- find out if the child has any items that should be stored in the homes' safe storage facility, and
- check the child's property to make sure that nothing of a dangerous nature is brought into the home. This may need to be done on a regular basis if residential care workers believe that inappropriate or dangerous items are being brought into the home.

[Top](#)

Residential Care Plan meetings

All relevant residential care staff contribute to the development of each child's Residential Care Plan and individual daily program. Residential Care Plans are developed at the placement meeting, or within 10 days of the child being placed.

They are informed by the child's care plan, other relevant documentation, and the child's case manager. The child should also be involved in developing his or her plan, where possible.

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Red Flag Meetings

Red Flag meetings are held when an issue occurs that needs to be discussed by everyone. Red Flag Meetings can be called by children and staff. One person is in charge of making sure the meeting follows the rules. Examples of situations where a Red Flag Meeting may be called are:

- when a member of staff or a child is hurt badly
- a child starts to run away repeatedly
- a child is experiencing severe bullying
- staff and/or child feel scared, worried or angry about something, or
- stories from staff or children make us really worried.



Search...

2.1 Staff Taking a Child to a Private Home

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Purpose

To provide direction to residential care workers about taking a child to their private homes.

Practice Requirements

- For safety reasons residential care workers must not take a child who is a resident, or past resident, to their private home.
- If there is a legitimate reason for taking a child to their private home, residential care workers must first discuss this with the child’s case manager and their manager.
- If agreed, approval must be obtained in writing from Director Residential Care, or the district director in country locations. If these officers are absent, approval must be obtained from the Assistant Director Residential Care or country locations.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)



2.2 Staff Handover

Last Modified: 04-May-2017**Review Date: 01-Jun-2019****Approval Status: Approved**[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To provide guidance to residential care workers on the process of staff handovers and the need for social responsibility for the exchange of significant information about children's plans, the home environment and potential issues.

For residential care workers leaving their shift, handover provides the opportunity for debrief and reflection.

Practice Requirements

- Residential care workers must participate in a verbal and written handover between shifts.
- A residential care worker from the outgoing shift must supervise the children during handover.
- Handover sheets must be saved to the Objective file.

Procedures

- [Overview](#)

Overview

Information should be written on the *Handover Sheet* and should also include verbal briefings to the next shift.

Information exchanged at staff handover should include, but is not limited, to the following:

- placement/discharges and relevant safety planning
- any known risks or alerts that may affect the operation of the shift
- information about the children, including appointments, transport times, current behaviours and relevant issues, etc.
- children's progress towards individual therapeutic plans
- administrative requirements, for example, petty cash, and
- any other information that is relevant to the operational needs of the home (for example, maintenance of the home).

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Related Resources

Departmental Frameworks

- [Service 1 – Residential Care \(Sanctuary\) Framework 2012](#)

Glossary of Terms

- [Glossary of Terms](#)

Custodian Details

- [Senior Practice Development Officer - Country Services \(006139\)](#)





2.3 Staff Supervision

Last Modified: 12-Jul-2017

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Purpose

To support regular, high quality individual supervision in residential care that supports children living in residential care to have much improved life chances; protects children from abuse and neglect and supports family and individuals at risk or in crisis to manage their lives and keep themselves and their families safe.

Managers should discuss the Sanctuary philosophy that underpins our work in residential care and identify the seven commitments of non-violence, emotional intelligence, open communication, democracy, social responsibility, social learning and growth and change. The supervision procedure should be performed in line with each of these commitments.

Practice Requirements

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Resources

- Supervision - Case Planning Sample Questions
- Supervision - Experience, Reflection, Analysis and Actions Sample Questions
- Supervision - Promoting Reflective Practice
- Supervision Agreement
- Supervision Record
- Performance Management Tracking System
- Performance Management Tracking System User Guide

Related Casework Practice Manual Entries

- 4.1.6 Supervision in case practice/service delivery

Related Administration Manual Entries

- Workplace issue and grievance resolution

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Practice Requirements

- All staff must receive a minimum of one formal individual supervision session every six weeks with their line manager or supervisor.
- Staff new to a role or the Department must, as part of their job or position orientation, receive more frequent individual supervision.
- More frequent individual supervision must also be provided in circumstances where the supervisor deems it to be necessary.
- Supervision should be underpinned by the four functions (managerial, development, support and mediation).
- Supervision must include discussions on service delivery, managing workload, working in a culturally secure manner and performance management, and building emotional and psychological health and resilience.
- Reflective practice, appreciative inquiry and a 'questioning approach' must be used to explore assumptions, fears and decision making in residential care practice.
- Opportunity to debrief from critical incidents is critical to residential care practice. Residential homes must develop mechanisms and access to resources for dealing with stressful situations. This type of support is essential for the wellbeing of staff, attainment of optimal performance and retention of workforce. It also supports the Sanctuary commitment to growth and change takes place and vicarious trauma is minimised.
- Supervision processes must be used to identify excellence in residential care practice standards and to celebrate positive outcomes for the children in their care.
- Supervisees and supervisors must discuss and agree to a Supervision Agreement that meets the needs and requirements of both.
- Staff must plan for supervision.
- Individual supervision must be recorded in the Supervision Record template and uploaded to the Performance Management Tracking System.
- Assistant Directors Residential Care must regularly review their district's Performance Management Tracking System to monitor that staff are receiving regular supervision.

Procedures

- Supervision overview
- Focus areas
- Types of supervision
- Preparing for individual supervision
- Consultation
- Confidentiality
- Dispute resolution
- Recording supervision

Supervision overview

Supervision is an essential part of supporting staff and promoting good service delivery. All staff must receive regular supervision, with the focus and content varying to reflect the person's position. Consultation is not supervision and should not be recorded as such.

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Focus areas

There are four key focus areas that supervision in case practice/service delivery needs to address:

1. Managerial function

(a) Service delivery planning

Progressing service delivery work through supervision should involve:

- maintaining an overview of the status of all residential care work the supervisee is involved with reviewing issues and canvassing

- strategies in current residential care work
- making decisions and providing direction to progress residential care work
- collectively practising and reflecting on aspects of residential care work, and
- reflection to improve upon and embed culturally secure and competent practice.
- The Department's practice frameworks including the Residential Care Practice Manual provide the main reference points for reviewing practice.

(b) Managing workload

Supervision provides an opportunity for both supervisors and supervisees to review work load issues.

- Supervision provides the opportunity to discuss and identify strategies to support staff in managing the work, including setting task and identifying staff who can assist.
- Where residential care workers do not feel that supervisors are addressing their workload issues, they can raise their concerns through the Department's dispute resolution process.

(c) Managing for performance including administrative requirements and accountability.

Supervisors should provide feedback to the supervisees about their work performance at each supervision meeting. Supervisors identify, communicate and manage performance issues, and provide opportunities for supervisees to improve their work performance in a reasonable timeframe.

Managing performance through supervision should involve:

- providing positive feedback on work performance
- clearly identifying and communicating areas that need improvement
- identifying steps that the supervisor and supervisee can take to address issues or concerns, and
- providing support to assist improvement in performance.

Where a performance concern is identified, the supervisor must address it in supervision and record it in the Supervision Record. Where performance concerns are not able to be addressed in supervision meetings, the supervisor may need to consider a performance improvement process.

2. Development function

The most effective learning occurs in day-to-day work. Supervision supports learning through encouraging critical reflection, skills practice and problem solving on real cases. Collectively these strategies drive continuous learning and improvement.

Learning and development should focus on a range of issues depending on the individual's needs and include:

- working relationships with children and other professionals □ specific aspects of therapeutic care
- specific individual and team learning goals
- 70:20:10 learning strategies, and
- bringing it all together through reflective practice.

Issues raised as part of Reaching Forward, supervision and managing for performance can be used to inform learning and development needs.

Supervision discussions should track the progress of specific tasks and learning and development requirements identified during the annual

3. Support function: Building emotional and psychological health and resilience

Residential care work carries inherent stresses, including the vicarious trauma of working with vulnerable and at risk children. Anxiety may arise through the potential danger for children and working with uncertainty. Supervision is a primary means of addressing the stress and anxiety of the work.

Managing the work on an ongoing basis requires staff to be emotionally and psychologically healthy and resilient. Building emotional and psychological health and resilience is a core focus of supervision. Supervision needs to have a deliberate focus on managing the stress and anxiety of the work, which includes:

- sharing the anxiety inherent in residential care upwards through the organisation (with the supervisor during supervision, who in turn will advise director(s) as necessary)
- providing emotional support, and
- identifying and practising strategies to manage stress and anxiety, including considering referrals to the Employee Assistance Program.

The Corporate Health Framework, Wellness@Work, outlines the Department's approach to build and maintain positive workplaces, and practical strategies to support staff to look after their own wellbeing.

4. Mediation function

This aspect of supervision relates closely to the managerial function, and therefore it is provided by the supervisor. Mediation can include:

- managing workload
- discussion of resources and supervisee issues, complaints and disputes between team members (before commencement of formal complaints and grievance processes), and
- advocacy and support on behalf of the supervisee to relevant parts of the organisation.

The following tools (in related resources) may be useful for supervisors:

- *Supervision – case planning sample questions*
- *Supervision – promoting reflective practice*
- *Supervision – experience, reflection, analysis and actions sample questions.*

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Types of supervision

Group supervision

Group supervision involves multiple staff, with all participants actively working on aspects of practice demonstrating a commitment to social learning.

The supervisor should generally lead group supervision, although other staff may also facilitate this mode of supervision.

Individual supervision

Individual supervision must be provided by the supervisor and includes formal scheduled supervision sessions and informal unscheduled discussions.

Individual formal supervision should be used to discuss:

- residential care work

- management of workload
- strategies to decrease the stress and anxiety of the work
- strategies to increase opportunities for supervisee to move from working in a culturally aware way, to a culturally secure way
- periodic detailed assessments for learning and development, and
- performance concerns.

All staff working with Aboriginal children must have access to ongoing supervision to increase their cultural competence. The purpose of this is to provide the best possible service to clients and community by building the worker's knowledge, skills, insight and wisdom in working with Aboriginal children.

The following prompt questions may assist and guide this discussion:

- How might our views of culture affect our relationships with children and families?
- Might we sometimes advantage some children and families and disadvantage others?
- Do our interactions with families show that we respect and value them as they are, or 'as we would like them to be'?
- Does our environment reflect a genuine knowledge about the cultures of the children in our care?
- How can we share stories and understanding about Australia's First Peoples and about others who have journeyed to this place?

Cultural supervision

This is an important element for Aboriginal staff. The purpose of cultural supervision is to build cultural safety for Aboriginal staff by acknowledging the impact of colonisation, managing bi-cultural relationships, and reflecting on the way in which residential care work can impact on Aboriginal staff.

Cultural supervision recognises that some aspects of cultural support and connection can ONLY be gained and shared between Aboriginal people, and that cultural meaning, tradition and ways of doing things will be different from mainstream norms and belief systems. Whilst this is an important aspect of supervision for Aboriginal staff it does not replace individual supervision.

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Preparing for individual supervision

Supervision agreement

The development of a supervision agreement provides the opportunity to discuss and agree to the formal supervision requirements (responsibilities, structure and recording). The roles and responsibilities of supervisee and supervisor are clarified and reviewed as needed. If the supervisee and supervisor cannot agree on the requirements of supervision, the supervisor should discuss and develop strategies with their line manager.

This agreement should be regularly reviewed, at least annually as a separate task from the Reaching Forward session. Examples of circumstances where a review of the supervision agreement is warranted include: when the supervisee's role or location changes, or when there is a change of supervisor.

Refer to *Supervision agreement template* in related resources.

Clarify responsibilities

Supervisors and supervisees must have the opportunity to clarify individual responsibilities within their supervisory relationship. This

should include a discussion of prior supervisory experiences and their value.

The responsibilities of supervisors are, to:

- provide individual six weekly supervision.
- prepare for supervision - by considering 'what is working well' and 'what are we worried about' relating to the areas of work performance and managing workload
- tailor the four functions of supervision to the supervisee's experience and needs
- collaborate, delegate or refer, where appropriate, to other professionals to provide other forms of supervision
- create a safe supervisory relationship where Appreciative Inquiry is supported
- provide clarity to the supervisee in relation to role, responsibilities and accountabilities
- provide opportunities for group supervision, where appropriate
- discuss the cultural lens required in practice to meet the needs of Aboriginal children
- discuss and agree to a supervision agreement, and document the supervision process
- manage disagreements and disputes appropriately
- provide opportunities for learning and reflection, and
- check the *Performance Management Tracking System* has been updated.

The responsibilities of supervisees are, to:

- prepare for supervision by updating the case plans and their supervision record for discussion, reflecting on 'what is working well' and 'what are we worried about' relating to the areas of work performance and managing workload
- participate in individual six weekly supervision
- communicate learning and development needs
- identify opportunities for group supervision and where other roles or professionals can be of assistance, in order to meet the four main functions of supervision
- provide and receive constructive, respectful and useful feedback, and
- update the *Performance Management Tracking System* (supervision section).

Refer to *Supervision record template* in related resources.

Structure of supervision

As part of developing the supervision agreement, the supervisee and supervisor should also discuss:

- details of time, place, frequency and location of supervision
- purpose of supervision
- individual responsibilities
- existing natural hierarchy of family structure/gender/age and cultural influence (this is particularly important where Aboriginal staff are involved)
- recording arrangements (for example, who does it, where is the record kept and who may see it)
- how feedback will be given, and
- the boundaries of confidentiality.

Agenda

The agenda could include the following:

- matters the supervisee wishes to include
- matters arising from previous supervisory sessions

- reviewing residential work through discussions, reports and observations
- providing positive feedback and areas for development on work undertaken
- agreeing future action plans
- concerns and issues in relation to the management of work load
- discussion of the development of the supervisee's skills, knowledge and experience
- identification of the supervisee's development needs, and steps to address these needs
- cultural competence and/or the need for cultural supervision (for Aboriginal staff)
- time for the supervisee to reflect on their experience of, and feelings about, their work
- opportunity for the supervisee to give feedback on their experiences and expectations of supervision, and
- ongoing performance concerns and expectations.

Discussion should include circumstances where interruptions to supervision will be permitted, for example, unplanned priority work, illness, emergencies and/or leave arrangements. In these circumstances a revised date must be set.

Informal discussions and coaching

The supervisor will respond to urgent requests for informal discussions and coaching. These may be face-to-face discussions, via video conference or by telephone.

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Consultation

Consultation is a day-to-day activity that is part of residential care work and supports staff learning and emotional wellbeing. However, it is not supervision, and the occurrence of frequent consultation should not be cited as having constituted supervision.

Informal and formal advice sought from the supervisor on an ad hoc basis should occur frequently and will usually be in relation to seeking an immediate approval for personal learning or support.

Formal and informal consultation with specialist colleagues such as psychologists, senior practice development officers, Aboriginal practice leaders, and education officers occurs on a needs basis to inform therapeutic residential care.

Informal consultation and debriefing with colleagues can enrich experience and learning.

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Confidentiality

A mutually respectful relationship forms the basis of quality supervision. The supervision process and confidential exchange of information is essential to this. . This is particularly important for information about performance or personal issues that may be impacting a staff member's ability to perform their tasks. This may include indirect trauma resulting from exposure to the complexity of department work, working with children's anger, grief and loss, or generally working in residential care.

There may be circumstances where the assistant director or other relevant staff may need to be made aware of information arising from the supervision process. In these cases the employee should be advised and the matter discussed before the information is shared.

When the employee transfers to another group home, the new supervisor has access to their supervision record.

Dispute resolution

Staff and supervisors are expected to discuss issues proactively and openly, and resolve them within the supervisory relationship. Where issues remain unresolved, discussion and resolution should take place with a relevant senior manager. For further information staff should refer to the Department's formal Workplace Issue and Grievance Resolution process as set out in Administration Manual entry *Workplace issue and grievance resolution*.

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Recording supervision

There are two types of recording:

- service delivery matters, and
- matters other than service delivery decisions and work performance and managing workload.

Service delivery matters

The supervisor's decisions about service delivery must be recorded clearly on the case file for legal and quality assurance purposes.

Matters other service delivery decisions

Matters other than service delivery decisions must be recorded in *Supervision Record* (in related resources) and uploaded to the *Performance Management Tracking System*.

Information recorded could include:

- the frequency and focus of the supervision
- key information shared
- decisions, advice and actions (other than service delivery decisions)
- learning and development needs, goals and progress
- mutual feedback about the experience of supervision, and
- any safety or personal issues that are relevant to the supervisee's performance.

The supervisor should record this information and the supervisee should co-sign. If there is disagreement, this should be noted in the template. This information should be used when reviewing and planning the annual Reaching Forward session.

Where performance concerns are being addressed through supervision, supervisors should complete the relevant documentation, such as the Performance Observation Log or the Performance Improvement Action Plan.

Performance Management Tracking System

District directors must regularly review the Performance Management Tracking System to monitor that staff are receiving regular supervision.

Storage

Supervision records must be stored on the Performance Management Tracking System.

The documents should be added on a monthly basis and are only accessible by the case manager or service delivery staff person and their supervisor.

For further information refer to the *Performance Management Tracking System User Guide* in related resources.



2.4 Community Consultation and Engagement

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[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)[Comments](#)

Purpose

To clarify the role residential care workers have in maintaining positive relations with neighbours and in integrating children into the wider community.

Practice Requirements

- Residential care workers must make every effort to be good neighbours and become a positive part of the community, and support children to do the same.
- Residential care workers must be proactive in developing and maintaining open communication with their neighbours, local police, and other community members to build effective two-way communication.
- All communication from the wider community must be clearly recorded in the *Log Book*.
- Community concerns must be taken seriously and dealt with in a timely way. All complaints must be investigated by the manager, who must inform the Assistant Director. The complainant must be informed of the outcome.
- As role models for children, residential care workers must behave in a professional, cordial manner when in public and dealing with members of the community.

Procedures

- Overview

Overview

Residential care workers must work with their colleagues and the children to minimise any potential negative impact that inappropriate behaviour, car parking, or residential care workers arriving and leaving for shifts may have on their neighbourhood.

The manager should contact neighbours regularly or frequently if appropriate, and encourage open, two-way communication. The manager (or on-call manager) is contactable 24 hours a day, seven days a week. To help neighbours access an appropriate person, contact numbers for the manager (mobile), the home's land line and on-call manager (after hours) should be provided to all neighbours.

When possible, matters concerning neighbours should be dealt with locally and resolved to the satisfaction of all concerned. The Director and Assistant Directors Residential Care should be informed by email of all incidents and outcomes, and must be involved in cases where local management is not possible.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Entries

- 2.5 Complaints Management

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

For more information refer to *2.5 Complaints Management*.

The children’s successful integration into the local community is a key aim of residential care. This is best achieved through a comprehensive activity program for each child. The team should plan for opportunities to involve all children in community, sporting and recreation or leisure activities, including local police and schools.

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2.5 Complaints Management

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[Comments](#)

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Purpose

To guide residential care staff in responding effectively to formal complaints from children, parents, extended family, neighbours and members of the community.

Practice Requirements

- Residential care staff must be open and responsive to receiving any complaints from children, parents, extended family, neighbours and members of the community.
- Residential care staff must make every effort to respond to complaints at a local level.
- Any residential care staff may receive a complaint, verbally or in writing. This must be recorded in the *Log Book* and/or *Neighbours Complaint Book* and the manager of the residential care home must be notified.
- All residential care staff have a social responsibility for addressing complaints appropriately and in a timely manner.
- Residential care staff must refer to the Department's overarching *Complaints Management – Policy and Procedures*.
- Where complaints relate to staff conduct, they must be referred to the home's manager and may be referred to the Integrity Services Unit and Workplace Management and Governance Unit.

Procedures

- Complaint Procedures
- The three-tiered complaints process

Complaint Procedures

A complaint is defined as a formal expression of dissatisfaction with any aspect of the Department's operations. Complaints may be made about any service offered by the Department or any aspect of the Department's operation. Conversely, complaints may be made about a lack of service which could reasonably be expected of the Department.

Residential care staff should follow the procedures when complaints are made by:

A child

Related Resources

Policies

- Complaints Management – Policy and Procedures

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Resources

- Other Complaint Avenues
- Resolving Your Complaint Kit

Related Casework Practice Manual Entries

- 4.1.2 Complaints management

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

- All complaints must be logged, recorded and managed appropriately.
- Residential care staff must advise the manager.
- If the child is unsatisfied with the outcome, the residential care staff should assist the child to progress their complaint to their case manager or the Advocate for Children and Young People in Care.

Parents or family members

- All complaints must be logged, recorded and managed appropriately.
- Residential care staff must advise the manager.
- If the manager is unable to manage the complaint at a local level they should refer this onto the child's case manager.

Community and neighbours

- All complaints must be logged, recorded and managed appropriately.
- Residential care staff must advise the manager.
- Complaints should be managed at a local level.
- The home's manager should inform the Assistant Director of any serious complaints and advise on the situation.
- All residential care staff are responsible for ensuring that the person who makes the complaint is advised of, and understands the complaint process, and assisted to make a complaint.
- If there are any serious after-hours complaints residential care staff should follow the local on call procedures.

If there is a risk of a complaint becoming a contentious issue the manager must advise his or her line manager (the Assistant Director or Director, Residential Care). In country, managers should advise their district line manager and the Director, Residential care.

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The three-tiered complaints process

The Department has a three-tiered complaints process (refer to Casework Practice Manual entry *Complaints management*).

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2.6 Records and Documentation

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[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To inform residential care workers about their record keeping responsibilities.

Practice Requirements

- Public officers must create and maintain public records to meet legislative and policy requirements.
- Residential care workers must adhere to record keeping standards outlined by the Department, such as *Naming Guide for Client Documents in Objective* (in related resources) and follow the correct procedures for filing client related documents and emails in Objective.
- All client related information must be recorded in Assist and stored in an appropriate client file on Objective within, where practical, a 48 hour timeframe.
- Department workers must only collect and manage information that is relevant, reliable and complete, and needed to fulfil the Department's responsibilities to the government and community.
- All residential care workers must compose reports that are clear, objective, concise and professional. This applies to the residential group home's care planning documentation, *Log Book*, case notes, medical records, the home's diary, search and seizure register, neighbourhood complaints book and any other official documentation.
- All appointments must be recorded in the home's diary.

Procedures

- Residential care plans and reviews, trauma profiles and safety plans
- Log Book
- Case Notes
- Other important documents
- Diary
- Weekly team meeting minutes
- Medical records and Medication Charts

Residential care plans and reviews, trauma profiles and safety plans

Residential care planning includes tasks such as developing residential care plans, care plan reviews, trauma profiles and safety plans in accordance with relevant policies. Once completed these documents must be stored in the child's residential care objective file.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care - Medication Chart - prescribed
- Residential Care - Medication Chart - PRN
- Residential Care - Team Meeting Minutes Template
- Residential Care Plan Template
- Residential Care Plan Review Template
- Residential Care Safety Plan Template
- Residential Care Interim Safety Plan Template
- Residential Care Case Note Template
- Residential Care Services - Critical Incident Life Space Interview Form Template
- Residential Care Services - Critical Incident Reflective Practice Template
- Residential Care Services - Critical Incident Report Template
- Residential Care Services - Critical Incident Summary Form

Related Resources

- Naming Guide for Client Documents in Objective
- Interim Safety Plan Guide

Related Entries

- 6.6 Health and Medication

Related Casework Practice Manual Entries

- 4.1.5 Recording obligations

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Log Book

The *Log Book* is used to record events occurring within the home.
The *Log Book* is a legal document and must not be used for personal comments and communications.

Log Book entries must:

- inform residential care workers where additional information can be found for example, a Critical Incident report
- record the names of residential care workers coming on and going off shift and the time at the beginning of each shift
- record the names of the current children and their whereabouts at the beginning of each shift
- record the petty cash balance and the number of keys at the beginning of each shift
- record names when recording information about specific people and places (for example, John Smith (residential care worker) taking Peter Brown and Robert Green to Perth High School)
- record the day and date at the top of each page
- be in chronological order, with the time written in the left hand margin
- be initialled in the right hand margin by the residential care workers making the entry
- have a line left between entries
- be accurate, concise and objective
- when an entry is recorded out of chronological sequence, write "Late Entry" next to the time.

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Case Notes

The case notes are used to record all relevant information about each individual resident. They should reflect the child's residential care plan and safety plan.

Case notes must be completed towards the end of every shift. Case notes should be as detailed as possible, while remaining objective. When completed, case notes must to the child's residential care Objective file.

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Other important documents

All other relevant documentation relating to a child's care received by the residential care workers should be sent to case managers to be stored appropriately.

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Diary

All appointments must be recorded in the home's diary.

Diary entries should state all relevant information clearly (who, who with, who organised it, where, when, how getting there, how getting back, when due back, does it need confirming).

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Weekly team meeting minutes

All weekly team meeting minutes should be recorded and include the following information: date, time, attendance, relevant children and operational information.

Minutes should be saved on the appropriate Objective file and made available to all residential care workers.

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Medical records and Medication Charts

Important medical information is discussed and recorded when a child is placed in the home. Discussion must include information about medical alerts, medication and any other health concerns.

Medication Charts must be completed before any medication is administered to the child. Residential care workers must sign this form stating that the medication was offered and taken. Alternatively, a refusal should be recorded as such.

Each child's *Medication Chart* must be scanned into his or her Residential Care Objective file regularly.

For more information refer to *6.6 Health and Medication*.

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2.7 Maintenance and Repairs

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[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

Delivery of maintenance services in the metropolitan area and regional centres is managed by the Department's Facility Management Unit through the Department of Treasury and Finance - Building Maintenance and Works (BMW), and where applicable through the direct engagement of private contractors.

Practice Requirements

- The Department is obliged to maintain residential group homes, including the grounds, to a high level that provides quality accommodation for the children and a safe working environment for residential care staff.
- Residential care staff have a social responsibility towards neighbours and the community to maintain the home and grounds to a high standard consistent with community expectations.
- All works apart from basic repairs and maintenance must be approved by the home's manager.
- All contractors attending the home must be recorded in the *Log Book*.
- The home maintenance guide applies to all accommodation homes that are owned or rented by the Department. Managers and Procurement and Facility Management (Assets) must use this guide to maintain residential care properties.
- A fault must only be logged as a priority 1 where it is determined to be an emergency and presents as a serious safety issue.
- Priority 1 faults: Residential care staff must remain on site to allow contractors access to the home.

Process Maps

See *Breakdown/Repairs (Faults) Process Map* in related resources.

Procedures

- Overview
- Breakdown Repairs (Faults)
- Routine Maintenance
- Gardening
- Cleaning
- Swimming pool maintenance

Overview

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Flowcharts

- Breakdown/Repairs (Faults) Process Map

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

The home maintenance guide applies to all residential group homes.

The building, repairs and maintenance guide sets out standard steps to manage breakdown repairs, planned works and routine maintenance by managers and Procurement and Facility Management (Assets) within their existing levels of responsibility.

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Breakdown Repairs (Faults)

Breakdown repairs are commonly termed faults and relate to work generally caused by:

- accidental or wilful damage, for example, damaged doors or windows, roof leaks, graffiti, etc. or
- failure of existing fixtures, for example, plumbing problems, electrical issues or airconditioning not working, etc.

For the following items inform your manager. The manager will contact the Procurement and Facility Management representative:

- furniture - repairs and replacements, including blinds and curtains, and
- portable electrical appliances - repairs and replacement of refrigerators, dishwashers, washing machines, etc.

Where there is a requirement to report any fault requirements in relation to your site to BMW, record the relevant information in the *Building Works and ACM (Faults) Log Book*.

Contact Details: BMW One Call Centre Phone 132 134 (24/7 services for a priority 1 fault, for all other faults wait until the next morning).

Advise BMW there is a fault and quote the:

- Premise Number
- Premise Name
- Contact Person
- Details of Fault
- Priority (residential care staff must consider security or safety issues when deciding which priority is appropriate)

Priority	Response	Attendance on site	Completion of repair
1	<p>For orders issues between 6.00am and 1.00pm Attendance must be on the same Business Day the Order is issued</p> <p>For Orders issued between 1.00pm and 5.00pm Attendance must be by 9.00am the next Business Day after the Order is issued</p>	<p>For Orders issued at any other on a Business Day or at any time After Hours</p> <p>Attendance must be as soon as possible, and within 1 hour of the issue of the Order</p>	Within 24 hours from the issue of the Order
2	Same day telephone communication. Clarify fault and advise estimated time of arrival to job.	N/A	Within 3 Business Days of issue of the Order
3	Next day or earlier telephone	N/A	Within 7 Business Days of

	communication. Advise estimated date and time of arrival to job.		issue of the Order
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Note: A fault should only be logged as a priority 1 where it is determined to be an emergency and presents as a serious safety issue.

Priority 1 faults - it is essential that a workers member remains on site to allow the contractor access.

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Routine Maintenance

Routine maintenance includes the actions required to retain and/or maintain the home in the best possible condition for future years. Routine maintenance involves regular inspections, detection and planning to prevent faults or hazards occurring in the home.

This type of maintenance is coordinated by Procurement and Facility Management in consultation with BMW. BMW engage the contractors.

BMW routine maintenance includes:

- cleaning gutters, downpipes and stormwater systems
- servicing gas appliances and domestic hot water systems
- testing RCD's, emergency and exit lights
- servicing heating, ventilation and air-conditioning plants
- servicing all fire protection equipment (fixed and portable), and
- annual termite inspections and reports.

On occasion, the schedule of routine maintenance may vary. This depends on the needs and requirements of individual sites.

Contractors make appointments with the home to undertake routine maintenance works. Contractors will provide information about the date and time, and an estimate for the duration of the work scheduled to be performed at each premise. Staff must log this information in the home's diary.

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Gardening

Procurement and Facility Management will source and arrange service providers to maintaining the lawns and gardens. Costs associated with standard gardening are the 45 responsibility of individual homes. Procurement and Facility Management is responsible for any gardening upgrade works.

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Cleaning

Residential care staff are responsible for the daily cleaning of homes.

Contracted cleaning is coordinated through the manager, Business Support and Coordination, and Procurement and Facility Management.

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Swimming pool maintenance

Swimming pools are maintained and serviced by an external service provider; however residential care staff are required to maintain the pool in a safe and hygienic condition on a daily basis. Pools must be checked for water level, hazards and any debris - rocks, stones, twigs, leaves etc. should be removed from the pool. Any damage should be reported immediately to Procurement and Facility Management.

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3.1 Placement and Transition of a Child into and out of Department Residential Group Homes (Metro and Country)

Last Modified: 08-Apr-2022

Review Date: 01-Jun-2019

Approval Status: Approved

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Legislation

- Children and Community Service Act 2004

Purpose

To provide information about procedures and documentation required when a child enters and leaves the care of a residential group home.

Practice Requirements

- All children being placed in Residential Group homes must be accompanied by a responsible adult, or otherwise negotiated with the manager (on-call).
- Whenever possible, a child entering or leaving a residential group home should do so in a planned manner.
- The home's staff and the appropriate district office staff must undertake initial and ongoing assessment, review and planning, and the provision of resources required to implement therapeutic care.
- If a child has reporting conditions under the Community Offender Reporting Act 2004, that child **cannot** be placed in a Residential Care arrangement with other children.
- If it becomes known that a child has these reporting conditions and they are in a Residential Care home with other children a new care arrangement **must** be arranged for that child as soon as possible.
- Each child must have an individual *Safety Plan*. Refer to 4.3 *Individual Safety Plans*.
- The key worker, residential care workers and the child's case manager must follow the procedures and guidelines set out in the *Welcome to Care* package (in related resources) to safely transition the child into the home environment.
- All property brought into the home by a child must be checked to make sure that nothing of a dangerous nature is brought into the home. This may need to be done on a regular basis if residential care workers believe that inappropriate or dangerous items are being brought into the home. Refer to 4.9 *Search and Seizure*.
- District workers are responsible for arranging access to appropriate leaving care services for children leaving the care of the CEO (this includes all children leaving the care of the CEO, not just a child aged 15 years or older). Residential care workers can offer or provide support where appropriate.

Related Resources

Standards

- Better Care, Better Services - Safety and quality standards for children and young people in protection and care

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care - Medication Chart - prescribed
- Residential Care - Medication Chart - PRN
- Residential Care Safety Plan Template

Related Resources

- Transition Home
- Residential Care Services - Resident Summary Sheet
- Residential Care Services - Residential Care Plan
- Residential Care Services - Residential Care Plan Review Template

Related Entries

- 4.3 Individual Safety Plans
- 4.9 Search and Seizure
- 4.10 Responding to Sexual Behaviours

Related Casework Practice Manual Entries

- 3.4.22 Residential care services
- 3.4.13 Leaving the CEO's care

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Procedures

- Before placement
- Transition to Residential Care homes
- When the child arrives
- Transition from Residential Care homes
- Out of hours placement

Before placement

Whenever possible, the child's case manager and manager should have a placement planning meeting before the child is placed.

Whenever possible, the manager should allocate a key worker before the child is placed.

Residential care workers should read the documentation about the child's behaviours and care history provided from the district office when available. This should include the child's care plan, and Child Information Form (placement referral).

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Transition to Residential Care homes

Whenever possible the child and his or her case manager should plan a visit to the home before placement. At this visit:

1. The child's case manager accompanies the child to the residential home.
2. Establish a daily plan and routine and develop an Individual Safety Plan to implement a therapeutic care.
3. Schedule the date for the planning meeting to occur within 10 working days.

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When the child arrives

When a child first arrives at the home, the residential care worker greeting the child should:

1. Welcome the child.
2. Introduce themselves and other children and residential care workers.
3. Show the child around the home – their bedroom, bathroom, common areas, etc.
4. Reassure and help child settle in.
5. Discuss the home's guidelines and expectations, and answer the child's questions etc.

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Transition from Residential Care homes

A planning meeting to map out the child's needs and processes must be undertaken before the child transitions to the next placement. The district, and the child's case manager are responsible for planning for leaving the placement in the home, but residential care workers must work/assist in the process.

For more information refer to Casework Practice Manual entry *Leaving the CEO's care*.

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Out of hours placement

In an emergency out of hours placement via Crisis Care can be arranged as an overnight stay. The placement ends at 9am the next business day, and the child must return to the district office. It is the district's responsibility to request a placement via the Central Referral Team.



3.2 Aboriginal Children and Children from Culturally and Linguistically Diverse Backgrounds (CaLD)

Last Modified: 04-May-2017**Review Date: 01-Jun-2019****Approval Status: Approved**[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Legislation

- Children and Community Service Act 2004

Purpose

To provide information to residential care workers about the principles, requirements and cultural considerations which are applied when providing care for Aboriginal and Torres Strait Islander children, and children of culturally and linguistically diverse (CaLD) backgrounds.

Practice Requirements

- Residential care workers must consider the specific cultural, language and religious needs of all children and do all that is practical to implement the child's cultural plan.
- Residential care workers must access child's Cultural Plan, which is part of the care plan.
- When working with Aboriginal and Torres Strait Islander children, allow time for them to yarn about their "story" which is integral to building rapport and connections with the child.
- Respond to the immediate and/or special requirements of the child arising from cultural and/or religious observances. Residential care workers must find out about, and respond to, the child's:
 - religious observance requirements (such as access to prayer mat and ablutions area for prayer, periods of fasting)
 - dietary requirements (provision of halal foods)
 - cultural obligations (attendance at funerals, Sorry business, Lore)
 - dress observances (for example, checking if it is appropriate to ask a child or young person to wear second-hand clothing).
- Report back to the child's case manager any behaviour that may indicate the physiological and/or psychological consequences of refugee trauma, so that specialist services can be engaged for the child. Some behaviours to watch for are:
 - sleeping problems, including nightmares;
 - headaches, stomach problems, rashes;
 - anger, irritability, confusion, and/or
 - depression, not being able to see a future for themselves.

Procedures

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012
- Corporate - Aboriginal Services Framework
- Corporate - CaLD Services Framework 2013

Related Resources

- CaLD Fact Sheet
- Office of Multicultural Interests
- Aboriginal Child Placement Principle

Related Casework Practice Manual Entries

- 3.4.7 Child placement principle
- 4.2.4 Language services - booking and payment

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

- Overview
- Additional care considerations

Overview

There are specific provisions in the *Children and Community Service Act 2004* (the Act) to meet the cultural and identity needs of Aboriginal and Torres Strait Islander children:

- Section 12 of the Act sets out the *Aboriginal Child Placement Principle* and the priorities in which Aboriginal children in the care of the CEO are to be placed.
- Section 81 of the Act requires that appropriate consultation occurs before an Aboriginal or Torres Strait Islander child can be placed.

The Department's *Child Placement Principle* provides information about the legislative principles, practice requirements and cultural considerations which must be applied when providing any child with a placement arrangement. It includes information on the special considerations that must be afforded to Aboriginal or Torres Strait Islander children and children with culturally and linguistically diverse (CaLD) backgrounds.

For more information refer to:

- Casework Practice Manual entry *Child placement principle*
- the Department's Aboriginal practice leaders based in each district office, the Aboriginal practice leader for Residential Care, or the Aboriginal Engagement and Coordination Unit, and
- the Department's Principal Policy and Planning Officer - Cultural Diversity, Service Delivery Practice Unit, other relevant CaLD Officers, or the *CaLD SharePoint Resources Library*.

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Additional care considerations

Additional considerations for residential care workers caring for Aboriginal or Torres Strait Islander children or children with culturally and linguistically diverse (CaLD) backgrounds

Use appropriate communication and interviewing strategies.

The Casework Practice Manual entry *Language services – booking and payment* provides information and resources to assist residential care workers to communicate with children with limited English language proficiency. Residential care workers may also contact the Aboriginal Engagement and Coordination Unit and the Principal Policy and Planning Officer - Cultural Diversity, Service Delivery Practice Unit for information on translating services in WA.

In general, where English proficiency is limited, engage an interpreter from the same ethnic, religious and gender background as the child.

On some occasions, the child may not want to speak to an interpreter based in WA because they are from the same community. In these instances, engage a telephone interpreter who is based in another Australian state.

It is important to recognise the diversity of Aboriginal cultural and language groups in Australia. Communication among Aboriginal people in metropolitan Perth is typically a dialogue consisting of a combination of English, Noongar and Aboriginal English. Body language plays a very important part in communication with Aboriginal people.

Using uncomplicated language and terminology is important for engaging and connecting with Aboriginal cultural groups.

- Speak clearly and simply. Be mindful that in some communities English may not be their first language.

- Avoid using acronyms and labels such as client, patients, clinical psychologist, and professional. Instead use words such as family member, participants, Aboriginal person, and worker.
- If necessary, seek clarification from the Aboriginal person that they have understood you.
- Do not rush introductions at the beginning of a conversation. You could begin with introducing yourself, where you are from, your family, your background ("your mob") and then give a full description of your role, your "story". Who you are is more important than what you are; highlight any connections you may have with people they may know in their community.
- Do not start a conversation with open-ended questions as it puts too much pressure on the Aboriginal person to "open up". Ask about their "story" and family ("their mob"). Aboriginal people like to consider questions and information at length before replying. Quick replies can be seen as impolite. Allow periods of silence. Too many questions can be seen as an invasion of privacy.
- Be mindful of diverse attitudes towards personal space and touching, and diverse meanings for hand and facial gestures, tone of voice and eye contact.
- Refrain from direct consultation with community groups and organisations from the same cultural or ethnic background unless you have consent from the child, Aboriginal practice leader or the child's case manager beforehand. There may be unintended consequences of such consultations.
- If the child identifies as both Aboriginal and another culture, it is important to note this, but the focus of the Cultural Plan is to maintain links with the Aboriginal and Torres Strait Islander heritage of the child. If they do not identify strongly with the Aboriginal culture, the cultural plan should support the child's linkages back into the Aboriginal community at a pace that suits the child. It is important to ascertain where the child feels a strong sense of belonging, and maintain their family, spiritual and cultural connection to this area.
- Consider if there may be any gender issues that may come into play in the engagement process. As a general rule, ask the child if he or she is comfortable when a member of the opposite gender is involved in the interactions, for example, men's business or women's business. It is always respectful to ask.
- In Aboriginal culture some topics may not be openly discussed, such as bereavement (Sorry business); death (not using the name, or showing pictures of the deceased); ceremonial business; sexuality and fertility (use professionals of same gender); and domestic habits.

For more information about physiological and/or psychological consequences of refugee trauma refer to the *CaLD SharePoint Resource Library* or the Principal Policy and Planning Officer – Cultural Diversity, Service Delivery Practice Unit.

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4.1 Residential Care Plans

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Purpose

To provide guidance to managers, psychologists and key workers on collaborating with district workers to develop a Residential Care Plan (RCP) for each child that identifies goals to be worked towards throughout the placement, taking into account the child's known trauma (existing and historical) and behaviours.

The agreed plan forms a basis for regular reporting on the child's progress.

Practice Requirements

- All relevant residential care workers must contribute to the development of plans including individual daily programs that are aligned with the goals in the Residential Care Plan (RCP).
- Plans must be reviewed at least every three months, or more frequently if necessary, by the manager, case manager and the district team leader (other members of the team as necessary).

Procedures

- [Overview](#)

Overview

Residential Care Plans are developed at the placement meeting or within 10 days of the child being placed, and are informed by the child's care plan and any other relevant documentation, as well as the case manager and district team leader.

The RCP will identify the agreed placement goals, objectives, actions and tasks, who is responsible (including resources), the timeframe and a measure of achievement. It must be signed off by the manager, case manager and district team leader.

Where possible every effort should be made to include the child's views. A copy of the review document should be provided to the team and a further copy placed on the child's file.

Related Resources

Departmental Frameworks

- [Service 1 – Residential Care \(Sanctuary\) Framework 2012](#)

Related Resources

- [Residential Care Services - Residential Care Plan Review Template](#)
- [Residential Care Services - Residential Care Plan Template](#)

Related Casework Practice Manual Entries

- [3.4.22 Residential care services](#)

Glossary of Terms

- [Glossary of Terms](#)

Custodian Details

- [Senior Practice Development Officer - Country Services \(006139\)](#)

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4.2 Trauma Profiles

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Purpose

Trauma profiles have two primary purposes: firstly, to help residential care workers understand that the repetitive and difficult behaviour that children present reflects the child’s trauma history and the impact this trauma history has on how the child subsequently views themselves and others. Secondly, Trauma Profiles help guide residential care workers in responding therapeutically to the child, and to understand conflict cycles and trauma re-enactments.

Practice Requirements

- *Trauma Profiles* must be developed within six to eight weeks of the placement by the psychologists with input from residential care workers, and discussed and reviewed at least once every three months, or more frequently as required.
- Residential care workers must use the *Trauma Profile* as a guide for responding therapeutically to the child – this includes non-judgementally accepting and coregulating the child, discussion with the child when they might be re-enacting a trauma script, and coaching the child on ways to avoid conflicts and trauma reenactments.

Procedures

- Overview

Overview

If a child is only residing in the home for a short period of time or in an emergency, they do not require a *Trauma Profile*.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care - Trauma Profile Template

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

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4.3 Individual Safety Plans

Last Modified: 10-Feb-2021

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[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To provide guidance to residential care workers to develop *Individual Safety Plans* for children in their care.

Practice Requirements

- Residential care workers must complete *Individual Safety Plans* that identify and address risk for all children in their care.
- The Department's duty of care to others requires that special consideration must be given when placing children who are a risk to others.
- If it is not possible to avoid placing a child who poses a risk to others in residential care, a safety plan must be put in place to protect others in the residence.
- The senior officer on duty must approve immediate and urgent safety plans. For all other individual safety plans approval must be sought from manager.
- All residential care workers must be familiar with the child's *Individual Safety Plans*.

Procedures

- Introduction
- Risk factors
- Urgent placements - children who pose a risk to others

Introduction

Whenever possible, placement of a child or young person into a residential care service should occur in a planned manner. In this process, a residential care safety plan should be completed for each child. The child's safety plan should be developed in consultation with residential care workers.

If a child is admitted without a current safety plan, one must be developed immediately by the residential care service in consultation with the district office. Any risks identified as part of the assessment process must be considered in the context of the proposed placement and form the basis of developing a safety plan. The child must be encouraged and supported to participate in the development of the plan, where appropriate.

Related Resources

Departmental Frameworks

- [Service 1 – Residential Care \(Sanctuary\) Framework 2012](#)

Flowcharts

- [Residential Care Services Referral Process Map](#)

Related Resources

- [Transition Home](#)
- [Residential Care Safety Plan Template](#)

Related Casework Practice Manual Entries

- [3.4.22 Residential care services](#)
- [2.1.2 Care arrangements for children considered a risk to others](#)

Glossary of Terms

- [Glossary of Terms](#)

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Risk factors

Children considered a risk to others exhibit one or more of the following risk factors:

- violence towards caregivers, other adults or other children
- sexualised behaviours or a history of sexual assault against other children and adults
- self-harm and suicidal ideation and other mental health issues which may impact on behaviour
- a history of substance use
- fire lighting
- extensive property damage, and
- any other known safety issues or risks.

A safety plan should:

- be appropriate to the specific circumstances of the placement and the individual child
- identify the possible risks posed by the child and contain specific strategies to overcome these risks to self or others
- include strategies if the child wishes to attend a community activity or other residential activity (where appropriate)
- be accessible to all residential care workers, and
- include the child's views.

When a change in placement occurs the district is responsible for providing all relevant parties with comprehensive information about the background of the case, and a copy of the case plan and safety plan before the transfer.

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Urgent placements - children who pose a risk to others

In emergencies, when there is no other option but to place a child who poses a risk to others in residential care with other children, extreme caution must be used and a comprehensive safety plan developed to safeguard others in the home.

The safety plan must be approved by the Director Residential Care, or by the district director for other services. In contentious cases, the safety plan must be approved by the relevant Executive Director.

This plan must be reviewed immediately (or on the next working day).

It may not always be possible to avoid placing a child who poses a risk to other children in a residential group home, especially in urgent situations. However, children with a history of extreme violence or sexual assault should not be placed where there are younger children, children who have developmental delays, or children who are especially vulnerable for other reasons (such as previous abuse).

Residential care placements should be able to put more stringent safety plans in place than is possible in a foster care placement. This may include separation from other children and close supervision.

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4.4 Children's Activity and Program Planning

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Legislation

- Children and Community Services Act 2004 – Section 10 Principle of child participation

Purpose

A range of meetings are held to develop and implement programs, activities and outings for children that meet their therapeutic and individual needs.

Practice Requirements

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Form 009 - Statutory Declaration
- Residential Care House Weekly Planner - Template

Related Resources

- Charter of Rights for Children or Young People in the CEO's care
- Sanctuary Tools
- Cancer WA Sun Smart

Related Casework Practice Manual Entries

- 3.2.10 Overnight stays and other activities

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Practice Requirements

- Children must be involved in the planning, implementation and review processes for their care arrangements.
- All children placed in the home must be given their own copy of the Charter of Rights for Children and Young People in the CEO's Care (in related resources) and have their rights explained in a developmentally appropriate way.
- Residential care workers must attend resident meetings to assist in developing the individual and weekly programs.
- All homes must have a weekly and holiday planner which incorporates children's individual appointments and house activity plans. Refer to the *Residential Care House Weekly Planner - Template*.

Outings for children and young people

- In general, outings must be conducted in a planned manner and should be reflected in the child's activity program.
- Planning must include a discussion of any potential risk factors (such as medical and health related) and the behavioural expectations of the community.
- Managers (or their delegate) can sign the permission slips for school excursions and activities that do not involve a waiver of legal rights.
- Activities deemed high risk that require a waiver of legal rights (for example, horse riding, abseiling, go karting, paint balling, etc.) must have prior written approval from the child's caseworker.
- Workers must follow Sun Smart guidelines provided by the *Cancer Council of WA* for all outdoor activities. Both residential care workers and children must be 60 provided with high protection sun block to use before and during any outdoor activities, and should wear a hat and suitable clothing whilst outdoors.
- Under all circumstances the child's developmental ability and any known risks must be taken into account in planning for activities and outings.
- If an incident occurs, the child's *Safety Plan* must be reviewed.

Procedures

- Overview
- Community meetings
- Weekly 'residents' meetings'
- Psycho-education groupwork
- Red Flag meetings
- Planning - Children's outings and activities

Overview

The children's successful integration into the local community is a key aim of residential care. This is best achieved through a comprehensive activity program for each child. The team should plan for opportunities to involve all children in community, sporting and recreation or leisure activities, including local police and schools.

The child's individual daily program should include:

- daily living routines
- education and health needs
- food choices and meal preparation
- activities and opportunities, and
- meetings and links with the family and community.

In addition to the daily program each home has a weekly program, and for holiday periods, a holiday activity program.

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Community meetings

Community meetings occur daily, or more often. These meetings are used to find out how everyone feels each day, and show how much everyone cares about them. Three questions are asked:

- How are you feeling today?
- What is your goal for today? and
- Who can you ask for help?

The meetings help children (and staff) to learn new words to show their feelings and to practice asking other people for help when they need it.

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Weekly 'residents' meetings'

Residents' meetings are scheduled once a week and provide an opportunity for all workers and children to contribute to the running of the home. All meetings commence with a Community Meeting. Children should be encouraged to contribute ideas, to resolve issues and to learn lifestyle skills, such as democratic decision making and conflict resolution. Meetings should go ahead whether or not there is full participation by residents.

Children should be encouraged to develop the agenda. The agenda should be displayed in the home. The meeting minutes should be given to the all the children and the workers, and a copy should be kept on file in the workers office. Residential care teams are responsible for planning and conducting the weekly meetings.

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Psycho-education groupwork

Psycho-education groups are run in the homes weekly and during the school term by the residential care team. These groups follow the Sanctuary S.E.L.F. curriculum. The Psycho-education groups provide an opportunity for children to start addressing the effects of trauma, without focusing on specific individual events.

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Red Flag meetings

Red Flag meetings are held to address an issue that needs to be discussed by everyone. Red Flag Meetings can be called by children and staff. One person is in charge of making sure the meeting follows the rules. Examples of situations where a Red Flag Meeting may be called are:

- when a member of staff or a child is hurt badly
- a child starts to run away repeatedly
- a child is experiencing severe bullying
- staff and/or child feel scared, worried or angry about something, and
- when stories from staff or children make us really worried.

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Planning - Children's outings and activities

Each child should have every opportunity to lead as normal a life as possible. Maintaining children's existing relationships and community links, including school, recreational and leisure activities best supports their wellbeing. All outings must be conducted in a socially responsible manner with respect shown to the community and all who participate.

Assisting children to participate in a range of educational, life skills and recreational activities increases children's' connections with their families, other significant relationships, and the community. Contact with family, friends and community activities improves their sense of self and belonging.

Expanding the children's learning and leisure activities also increases children's range of skills and competencies. Activities may be formal or informal and conducted on an individual and/or group basis, but all should contribute to the child's normalisation and developmental processes.

Note: For information about overnight stays refer to the Casework Practice Manual entry *Overnight stays and other activities*.

Residential care workers and children develop and implement 'activity programs' together. The activity programs must reflect children's needs, wishes and the overall program objectives.

Planning should incorporate lifestyle and recreational activities in which both the children and the residential care workers participate. During school hours, programs should reflect educational activities for each child as per his or her education plan, and be developed in consultation with the education officer. School holiday programmes provide daily recreational activities that cater to the children's interests and developmental needs and level. These should be developed in consultation with the recreation officer.

When completed all programs should be available to residential care workers and children.

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4.5 Responding to Suicide and Self Harm

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Purpose

To assist residential care workers to identify the difference between suicidal behaviour and self-harm, and to react appropriately to reduce the risk and increase safety.

Practice Requirements

- All residential care workers must be aware that all children accommodated in the Department's residential care services have, or are, experiencing trauma. As a result of this trauma, there is an increased risk of self-harm or suicidal behaviour; therefore each child should have an *Safety Plan*. When potential for self-harm or suicidal behaviour is identified, residential care workers must provide additional supervision and emotional support.
- An ambulance must be called if immediate medical attention is required. If the child requires urgent medical treatment but refuses this treatment, other professionals will assess and determine whether the child should be taken involuntarily to hospital.
- Children's *Safety Plans* must be reviewed and updated following an incident and a *Critical Incident Report* must be completed and forwarded to the district.
- Residential care workers must request a copy of the discharge summary from the hospital before the child returns to the home.
- Residential care workers must consider and maintain their own personal safety when dealing with any incident involving self-harm or suicidal behaviour by following the Therapeutic Crisis Intervention (TCI) procedures. Residential care workers are also encouraged to seek EAP support after incidents involving a child's self-harm or suicide and review their own self-care plan accordingly.

Procedures

- Self-harm definition
- Self-harm response procedures
- Suicide definition
- Suicide response procedures

Self-harm definition

Self-harm means any behaviour which deliberately causes pain or injury to oneself. This includes cutting, burning or hitting oneself, overdosing

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Safety Plan Template
- Residential Care Case Note Template
- Residential Care Critical Incident Report Template

Related Resources

- Transition Home
- Suicide Information Sheet
- Responding to Suicidal Thoughts and Behaviours
- Personal Levels of Concern About Suicide
- Suicide and Aboriginal People
- Non-suicidal Self-injury and Suicide
- Mental Health Services for Young People in Western Australia

Related Entries

- 5.4 Medical Emergency

Related Casework Practice Manual Entries

- 1.4.6 Suicide and self harm

Glossary of Terms

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on prescription or illegal drugs, binge-eating or starvation, abusing drugs or alcohol, or repeatedly putting oneself in dangerous situations¹.

Self-harm is usually a response to distress – often the distress is associated with mental illness or trauma. In the short-term, some people find that it provides temporary relief from the psychological distress they are experiencing. While people who self-harm do not necessarily mean to kill themselves, it often becomes a compulsive and dangerous activity, and requires careful professional help.

¹ Sane Australia: <https://www.sane.org/mental-health-and-illness/facts-and-guides/self-harm>

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Self-harm response procedures

1. Protect yourself from blood. Use rubber gloves or plastic bags on hands, or cover wound with towel.
2. Assess the wound for depth and/or severity and determine if it is necessary to call an ambulance.
3. If superficial provide the child with the means to dress the wound.
4. If assessed as more serious, bandage the wound and provide first-aid or medical attention.
5. Follow the procedure for *5.4 Medical Emergency*. Continue to monitor the child if he or she is not taken for medical attention. If taken for medical attention, monitor on return.
6. Remove any objects that could be used for self-harm. Following an incident of selfharm, residential care workers must continue to make sure that the child does not have any access to an object that could be used for further self-harm, monitor the child's mood and seek further advice as appropriate.
7. Assess the physical and emotional needs of the child at regular intervals.
8. Residential care workers must not give any child in a heightened state permission to leave the residential home if unaccompanied by a staff member. If the child runs away and is at risk of harm, the procedure for notifying the police must be followed and the child reported as a High Risk Absconder.
9. Make regular bed checks and record observations in the home's *Log Book* and in the child's case notes. Observations should be made more frequently if the level of risk warrants this and a record made. This must be logged in the home's *Log Book* and documented in the child's case notes.
10. Notify by email the relevant psychologist, manager, Assistant Director, Director Residential Care and case manager at the earliest possible opportunity.
11. Record the incident. Depending on the nature of the incident this will require completion of a "log entry", a case note, or a Critical Incident Report.

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Suicide definition

Suicide is defined as the act of intentionally ending one's own life. Non-fatal suicidal thoughts and behaviours are classified more specifically into three categories:

- suicide ideation, which refers to thoughts of engaging in behaviour intended to end one's life;
- suicide plan, which refers to the formulation of a specific method through which one intends to die; and
- suicide attempt, which refers to engagement in potentially self-injurious behaviour in which there is at least some intent to die

Children accommodated in the Department's residential care services may have suicide risk factors, given their life experiences.

Signs of an imminent risk of suicide are present when a person:

- expresses an intent to die
- has a plan in mind (when)
- has access to lethal means (how/plan)
- is impulsive, aggressive or shows anti-social behaviour
- has been using alcohol or other drugs, and/or
- has a history of a previous suicide attempt/s.

Not all suicides can be prevented or predicted. Most people exhibit warning signs, but these may be subtle. Impulsivity and alcohol and other drug substance misuse are also seen as risk factors for suicide.

For more information refer to the related resources Suicide Information Sheet and Suicide and Aboriginal People in Casework Practice Manual entry *Suicide and self harm*.

Particular times residential care workers should be mindful of suicide concerns include:

- when a child is being forensically interviewed about disclosure of harm/abuse
- when a child is placed into the care of the CEO
- when there is placement instability or transitions (including out of Secure Care)
- a child with a mental illness is discharged from in-patient care or an emergency department
- when significant anniversaries occur
- when a sibling or other family member attempts, or commits, suicide; or if someone the child knows, or who is from their community, attempts or commits suicide, and
- when funeral or 'Sorry' events occur.

The Aboriginal practice leader must be consulted to discuss cultural considerations when Aboriginal children plan to attend funeral or Sorry events. The Aboriginal practice leader can advise on spiritual, cultural and practical issues relating to these events.

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Suicide response procedures

1. Residential care workers must treat all non- fatal suicidal thoughts and behaviours seriously, no matter how frequently these threats are made. Suicide and selfinjurious behaviour are indicative of underlying distress and a need for urgent assistance.
2. An ambulance must be called if immediate medical attention is required.
3. If the child requires urgent medical treatment but refuses this treatment, other professionals will assess and determine whether the child should be taken involuntarily to hospital.
4. The Crisis Care Unit, the home's manager, the Assistant Director and Director Residential Care, psychologist and case managers must all be informed.
5. The child must receive discharge forms from the hospital to return home. The *Individual Safety Plan* must be reviewed by the home's psychologist and key workers as soon as possible.
6. Residential care workers must monitor the child's emotional state until the risk of harm has been removed or appropriate intervention has been implemented.
7. Residential care workers should check that the external doors of the property are locked. The child cannot be prevented from leaving the home and the doors must be opened if the child requests to leave. Residential care workers must not give any child in a heightened state and at risk of suicide permission to leave the residential home if unaccompanied by a residential care workers member. If the child runs away and is at risk of harm, the procedure for notifying the police must be followed and the child reported as a High Risk Absconder.

8. Remove any objects that could be used for self-harm.
9. Residential care workers should talk to the child and provide support in a calm and understanding manner.
10. Make regular bed checks and record observations in the home's *Log Book* and in the child's case notes. Observations should be made more frequently if the level of risk warrants this and a record made. This must be logged in the home's *Log Book* and documented in the child's case notes. Notify by email the relevant psychologist, manager, Assistant Director, Director Residential Care and case manager at the earliest possible opportunity.
11. Record the incident. Depending on the nature of the incident this will require completion of a "log entry", a case note, or a Critical Incident Report.
12. Residential care workers must also seek advice when concerned about the child's wellbeing from senior residential care workers. After hours this may include seeking advice from: the on-call manager, Crisis Care Unit, Acute Response Team (ART) 1800 048 636 or the Psychiatric Emergency Liaison Officer at the nearest hospital Emergency Department.
13. In all cases the following should be notified as soon as possible: The child's case manager, Crisis Care Unit, on-call manager, the manager, the Director and Assistant Director Residential Care, and the home's psychologist should be notified as soon as possible via email.
14. A psychological or psychiatric assessment should be arranged, and the child's *Safety Plan* must be updated.

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4.6 Responding to Psychiatric Concerns

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Review Date: 01-Jun-2019

Approval Status: Approved

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Purpose

To inform residential care workers about strategies to support children who may have a psychiatric condition.

Practice Requirements

- Residential care workers must seek advice from the Residential care psychologists when a child's presentation suggests the possibility of a psychiatric or mental illness.
- Residential care workers must record presenting behaviours for later (potential) consultations.
- Residential care workers must advise the district of any concerns for follow-up.

Procedures

- Overview

Overview

When appropriate, children identified as having a psychiatric illness should be linked with community based mental health services for treatment, such as Child and Adolescent Mental Health Services (CAMHS) and Youthlink. This should always be done in partnership with the child's case manager.

Trauma Profiles and management strategies should complement the interventions and recommendations of mental health professionals.

After-hours advice and direction call the Acute Response Team (ART) - 1800 048 636 For more information refer to *5.4 - Medical Emergency*.

For more information refer to the *Bilateral Schedule between the Department and Child and Adolescent Mental Health Services*.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Flowcharts

- Acute Response Team Referral Pathway

Related Resources

- Bilateral Schedule between the Department and Child and Adolescent Mental Health Services

Related Entries

- 5.4 Medical Emergency

Related Casework Practice Manual Entries

- 4.2.6 Psychology services

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4.7 Therapeutic Crisis Intervention and Use of Physical Restraint

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Review Date: 01-Jun-2019

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Legislation

- Children and Community Services Act 2004 – Division 8 Powers of restraint, search and seizure
- Children and Community Services Act 2004 – Section 8 Determining the best interests of the child

Purpose

To provide information about the use of Therapeutic Crisis Intervention (TCI) procedures and use of physical restraint in residential care group homes.

Practice Requirements

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Safety Plan Template
- Residential Care Critical Incident Report Template

Related Resources

- Transition Home
- Moodle Online Learning – Training - Therapeutic Crisis Intervention

Glossary of Terms

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Practice Requirements

Therapeutic Crisis Intervention

- All residential care workers must complete TCI training before commencing active duties in the group homes (this may differ in some country group homes).
- To adhere to TCI accreditation, residential care workers must undertake refresher training once every 12 months, or twice a year (once every six months for six hours within the home). All training must be with an accredited TCI trainer.
- All refresher training must contain physical restraint practice and theory review.
- Residential care workers must aim to be re-tested and re-certified at least every twelve months.
- If a refresher is not undertaken within 18 months, residential care workers must complete a four day workshop course.

Physical restraint of children to protect safety and wellbeing of children and staff

- Authorised TCI accredited staff must only use TCI procedures to physically restrain a child when the safety and wellbeing of the child, and others (including staff) is compromised.
- Reasonable and minimal physical force may only be used:
 - as a last resort, and
 - until the imminent danger has passed and the child has returned to baseline.
- Except in an emergency, only an authorised officer who has completed TCI training and has been assessed as competent may physically restrain a child.
- Physical restraint must not be used to demonstrate power or control over a child, or as a form of punishment.
- Following a restraint residential care workers must seek medical attention as soon as possible if there are any health concerns for the child after the incident, and forward a report on the child's physical condition to the Assistant Director, Residential Care.
- When the situation has stabilised, the staff involved in (or witnessing) an incident must complete and forward copies of a signed Critical Incident Report to the 70 manager, Assistant Director and the child's case manager, and debrief as soon as possible.
- After an incident involving physical restraint:
 - staff must review the child's safety plan, and
 - the child must be invited to complete a *Child's View of the Incident* report – the child keeps this report, and a copy is given to the home's manager.
- Staff must attempt to hold a *Life Space Interview* (LSI) with the child as soon as possible after the incident to provide opportunities for growth and change. The child should be invited to participate in decisions about behaviour intervention for his or her self-care plans.
- Staff must record attempts to hold the LSI on the Critical Incident Report.

Procedures

- [Therapeutic Crisis Intervention](#)
- [Physical Restraint of a child](#)

Therapeutic Crisis Intervention

Therapeutic Crisis Intervention (TCI) procedures are used to de-escalate and manage potentially violent or crisis situations and aggressive behaviour in the home.

Residential Care and Secure Care management are responsible for overseeing completion of TCI and refresher training. Homes managers and Learning and Development Centre staff record residential care workers' attendance and completion of TCI training.

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Physical Restraint of a child

Whenever possible, restraint should only take place in the context of an ongoing relationship with the child involved. The message behind a restraint should be, "I care enough about you to not let you hurt yourself or others".

Where possible a discussion between residential care workers should take place so that physical intervention is planned and agreed.

Situations may arise where use of physical restraint is ill-advised. Due to the danger presented, residential care workers are best-placed to assess whether or not a physical restraint may be attempted. Things to consider include:

- Does the child have any potentially lethal weapons?
- Will physical intervention compromise the safety of any person and place them at risk, for example, due to the size of the child?
- Does the child or worker have any medical conditions?
- Are there enough staff available to implement TCI safely?

Restraint should not occur in public areas unless the child is at imminent risk (refer to TCI Manual).

Any physical intervention must always be the least intrusive to protect the child and others' safety.

Physically restraining a child may not be used as a regular or ongoing management technique. Where possible, safety planning should be developed to avoid using intrusive or restricted procedures.

To promote open communication between residential care workers and children the possibility of physical restraint, and situations that may lead to this should be discussed with the child during his or her initial Residential Care Plan (or review) meeting. Physical restraints may also be included in the child's safety plan.

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4.8 Critical Incidents

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Purpose

To provide information to residential care workers on the procedures required to keep children and staff safe before, during, and after a critical incident.

Practice Requirements

- Critical incidents must be managed and responded to using the Sanctuary therapeutic approach and therapeutic crisis intervention (TCI) principles and practices.
- Residential Care Workers must notify the manager (or on call manager) of critical incidents as soon as possible by email in the first instance, and record brief advice details on a Critical Incident Summary form and email as per distribution list stated on the form. The summary form must be saved to the Objective Residential Care file
- A Critical Incident Report must be completed within 10 days and emailed to the House Manager and House Psychologist.
- The Manager must save the *Critical Incident Report* to the Objective Residential Care file and forward copies of the report to the child's case manager/team leader and others, as per distribution list stated on the report. Where a serious or contentious critical incident occurs, (one that will have ongoing repercussions to the child or the Department), residential care workers must inform the manager (or on-call manager) by phone immediately.
- Residential care workers must not contact the police as a child behaviour management tool.

Procedures

- Definition
- Introduction
- During the incident
- After the incident

Definition

A critical incident is an event which involves an injury or potential for injury, and/or a strong stress reaction in a child or residential care workers. It is also any situation where residential care workers have used Therapeutic Crisis Intervention (TCI) restraint procedures.

A contentious critical event is one where a serious incident will have ongoing repercussions to the child or the Department and must be reported to the house manager (or on-call manager) and/or Director. The child does not have to have been on site for a critical incident to have occurred.

Related Resources

Standards

- Better Care, Better Services - Safety and quality standards for children and young people in protection and care

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Services - Critical Incident Summary Form
- Residential Care Services - Critical Incident Report Template
- Residential Care Services - Critical Incident Reflective Practice Template
- Residential Care Services - Critical Incident Life Space Interview Form Template

Flowcharts

- Residential Care Services - Critical Incident Reporting Process

Related Resources

- Critical Incident Report Refresher Booklet
- Critical Incident Summary Form - EXAMPLE
- Critical Incident Report - EXAMPLE
- Critical Incident Reflective Practice - EXAMPLE
- Critical Incident Life Space Interview Form - EXAMPLE
- Initial Debrief Practice Guide

Related Entries

- 5.4 Medical Emergency

Glossary of Terms

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Examples of critical incidents include:

- serious risk of harm or injury
- self-harm or attempted suicide
- assault
- hospital admission
- severe property damage
- police involvement
- a restraint or physical intervention, and
- allegation of physical or sexual abuse.

NOTE: Critical incidents are not limited to these situations and if you are unsure please complete a *Critical Incident Summary* and the Manager will advise you of the need to complete a *Critical Incident Report*.

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Introduction

Children and young people in Residential Care can present with extremely challenging behaviour for example verbal threats, aggression, or deliberate self-harm that are expressions of trauma.

Children, residential care workers and others have a right to interact in a way that is free from risks to their personal safety or wellbeing.

Residential care commits to taking appropriate action in response to incidents which affect, or have the potential, to affect the health, safety or wellbeing of staff, children or others whilst striving to provide a safe and therapeutic environment that promotes healing.

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During the incident

Residential Care staff have a duty of care towards all children during an incident. Residential care workers need to be trauma-informed in their responses and able to confidently assess risk, de-escalate heightened emotions and manage challenging situations.

Residential care workers must assess the situation and use appropriate Sanctuary and TCI strategies to de-escalate the child and maintain the safety of other children and workers. This may involve the use of restraint as per TCI.

Residential care workers must only contact the Police when they and/or the children are in danger and safety is not able to be maintained and all other strategies have been exhausted. If staff are unable to call the Police, then the duress alarm should be activated.

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After the incident

- Residential care workers must maintain the physical and emotional well-being of the other children and staff.
- Residential care workers must provide immediate emotional first aid to all children after the incident.
- Recording – Notes about the critical incident must be recorded in the *Log Book* and residential care workers can refer to these later when completing the case notes, Critical Incident Summary and the Critical Incident Report.
- The Critical Incident Summary form must be emailed as per the distribution list stated on the form, as soon as practicable before the end of the shift.
- A Critical Incident Report should be completed within 10 days and emailed as per the distribution lists stated on the form.
- If the issue is contentious the House Manager is to advise their Assistant Director as soon as practicable, and after-hours staff are to notify the On-Call Manager
- All residential care workers and children involved in a critical incident should be given the opportunity for an initial debrief. This may be done with the manager, psychologist or colleague. An initial debrief concentrates upon

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providing emotional first aid. It is not focused upon practice and may be of brief duration. The goal is to promote coping in those affected. Refer to Related Resource Initial Debrief Practice Guide for further information.

- Initial debriefing should not be done at the expense of care and supervision of children and may need to occur at a suitable later opportunity.
- All documents to be saved to the child's Residential Care file on Objective.

For more information, also refer to 'Injuries to a Child' and 'Injuries to Staff' in 5.4 - *Medical Emergency*.

For more information, also refer to 'Allegations of Abuse in Care' in 1.5 – Where the allegation relates to a Department employee.

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4.9 Search and Seizure

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Legislation

- Children and Community Services Act 2004 – Division 8 Powers of restraint, search and seizure

Purpose

To inform residential care workers when and how a child in the CEO's care may be searched or have items seized under Division 8 Powers of restraint, search and seizure *Children and Community Services Act (2004)*.

Practice Requirements

- Only WA Police officers or TCI accredited residential care staff are authorised to search a child or seize items from the child. In some country homes some staff may not be authorised to search a child or seize items from the child because they have not completed TCI training.
- Residential care workers are not authorised in any circumstances to examine a child's body or body cavities, or authorise the removal of some or all of a child's clothing.
- A child must, wherever possible, only be searched by an authorised officer or officers of the same sex.
- Where there is uncertainty about the child's gender, the authorised officer must ask the child whether the search should be conducted by a male or a female, and act in accordance with the child's answer. In the absence of an answer, the child must be treated according to his or her outward appearance of gender, and be searched according to that gender.
- When the staffing gender-balance does not allow a choice of male or female to conduct the search, the urgency of conducting the search must be weighed against:
 - the risks associated with waiting for an officer of the appropriate gender, or
 - not conducting the search at all.
- The search must be conducted in the company of at least one other adult.
- Any search of a child must be conducted expeditiously, with decency and respect.
- Under Division 8 of the Act, a child in the CEO's care may only be searched when
 - he or she is being moved, or has moved, to a safe place under s.41, or
 - an authorised officer believes on reasonable grounds that, unless the power is exercised, the child concerned is likely to:
 - endanger the health or safety of the child or another person, or
 - cause serious damage to property.

Procedures

- Search and seizure powers under the Act
- How are seized articles to be dealt with?

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Glossary of Terms

- Glossary of Terms

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- Removal of suspected illicit substances:

Search and seizure powers under the Act

In all circumstances residential care workers should exercise discretion before considering use of the search and seizure provisions of the Act.

To 'search' means an authorised officer may search a child or articles in the child's possession.

Powers to search under the Act do not authorise the examination of a child's body or body cavities, or the removal of some or all of a child's clothing under any circumstances (s.115(5)).

If residential care workers suspect that a child should be searched, the search may only be conducted after careful consideration of the child's circumstances and history, and then only if there is a reasonable suspicion that the child has in their possession something that may, if used or allowed to remain there, would:

- cause serious damage to the health of the child or someone else
- threaten the life of the child or of someone else, and
- it is reasonably believed that it is necessary to search the child to recover dangerous items, or items not permitted in the home.

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How are seized articles to be dealt with?

When residential care workers seize articles as a result of a personal search of a child or their possessions they must store the items securely and record the item(s) seized, a description of the item, and the date in the *Log Book* and the child's case notes.

Residential care workers are not required to return an item that, in the possession of the child is likely to:

- cause serious damage to the health of anyone, or
- threaten the life of another person.

If a residential care worker seizes a firearm, weapon or prohibited article from a child, he or she must contact WA Police to advise them of the item seized before delivering it into the custody of a police officer as soon as possible.

If illicit substances have been collected, follow the below guidelines:

- Don't put yourself at risk.
- Avoid direct handling of a suspected illicit substance.
- Managers are responsible for the management of suspected illicit substances.
- There is no requirement to provide WA Police with the name of a person in possession of a suspected illicit substance; however, it is recommended that a person possessing a substantial amount of any illicit substance is reported.
- WA Police are contactable for advice at any time on 131 444.

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Removal of suspected illicit substances:

1. Suspected illicit substances must be removed and placed in an envelope or bag which is double bagged and sealed. A sticker must be placed over the seal, and signed by residential care workers.
2. The sealed envelope or bag must be stored in a locked cupboard or safe.
3. The date, time, location, circumstances, and who was in possession of the suspected illicit substance must be recorded, along with a brief description of the suspected illicit substance (for example, quantity, colour, shape, size, etc.). The residential care workers involved must sign against the record.
4. Contact WA Police on 131 444 to request collection of the bagged substance.
5. Record the date and time the bagged substance is collected.

If the seized items are disposable (such as a disposable hypodermic needle, syringe, a disposable cigarette lighter, or any disposable item that does not exceed \$30 in value), or an intoxicant (other than a prohibited article), residential care workers should place the item in safe keeping until the manager decides on the destruction or otherwise of the item.

The child’s case manager must be notified via email about any items seized and the location of those items (for example, if disposed, placed in child’s property, or handed to WA Police, etc.).

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4.10 Responding to Sexual Behaviours

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Approval Status: Approved

[Comments](#)

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Legislation

- Children and Community Service Act 2004

Purpose

To assist residential care workers to identify concerning sexual behaviours and to react and respond appropriately to reduce the risk and increase safety.

Practice Requirements

- All residential care workers must be familiar with the 'Sexual behaviours in children and young people: guide to identifying, understanding and responding' framework (traffic light model).
- When problematic sexual behaviours are identified, residential care workers must monitor and provide increased supervision.
- When harmful sexual behaviours are identified, residential care workers must provide protection and emotional support.
- If a child has reporting conditions under the Community Offender Reporting Act 2004, that child **cannot** be placed in a Residential Care arrangement with other children.
- If it becomes known that a child has these reporting conditions and they are in a Residential Care home with other children a new care arrangement **must** be arranged for that child as soon as possible.
- Residential care workers must record and document all sexual behaviours.

Process Maps

Sexual behaviour definitions

Age and developmentally appropriate sexual behaviour is within age and developmental appropriate behaviours, spontaneous, curious, mutual and easily diverted experimentation.

Problematic sexual behaviour is outside age appropriate behaviours in terms of frequency, inequality in age, size, power and/or ability.

Harmful sexual behaviour is harmful, forceful, secretive, compulsive, coercive, threatening and degrading.

Sexual behaviours procedures

If a residential care worker observes or receives a disclosure of sexual behaviours by a child

Related Resources

Standards

- Better Care, Better Services - Safety and quality standards for children and young people in protection and care

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Flowcharts

- Responding to concerning sexual behaviour in residential care

Related Resources

- 'Sexual behaviours in children and young people: guide to identifying, understanding and responding' framework (traffic light model)
- Responding to concerning sexual behaviours in children and young people
- Sexual behaviours of children that are age appropriate, concerning and very concerning

Related Entries

- 3.1 Placement and Transition of a Child into and out of Department Residential Group Homes (Metro and Country)
- 4.3 Individual Safety Plans
- 4.11 Sexual Health

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Process Maps

or between children they must establish whether the sexual behaviour is age and developmentally appropriate, problematic or harmful.

If the sexual behaviour is age and developmentally appropriate

- Stop the behaviour (if appropriate), define the behaviour, state the expectation and redirect the child.
- Document the behaviours in case notes.
- Reinforce protective behaviours and age appropriate sexual education and document actions and discussions in case notes.

If the sexual behaviour is problematic

- Stop the behaviour, define the behaviour, state the expectation and redirect the child.
- Support all the children involved.
- Monitor and increase supervision.
- Document in case notes.
- Notify manager, house psychologist, all house staff via email.
- Manager to notify the relevant Assistant Director, case managers and team leaders of all children involved via email.
- Reinforce protective behaviours and age appropriate sexual education and document actions and discussions in case notes.

If the sexual behaviour is harmful

- If immediate response required, call the police.
- Stop the behaviour, define the behaviour, state the expectation and redirect the child.
- Provide immediate protection, reassurance, comfort and encourage self-care plan strategies for all children involved.
- Residential care workers are not to investigate or ask leading questions or conduct a life space interview. They should provide emotional support for all children involved.
- Residential care worker to report by phone as soon as possible to manager (if after hours to on call manager or crisis care).
- Manager or on call manager to report to crisis care.
- Manager to advise staff if police report required (if not already contacted).
- If directed by the police, as appropriate and if required protect evidence, no washing of hands, showering, removing of clothes or washing of clothes.
- Protect site of incident from people traffic.
- Quarantine electronic devices if required.
- Instruct children not to discuss incident with other children.
- Staff and house manager or on call manager/crisis care to develop immediate interim safety plan, include in handover, document in case notes and email to manager, house psychologist and all house staff.
- Complete critical incident Summary. Following confirmation of the appropriateness with House Manager, Critical Incident report to be completed.
- House manager to immediately contact via email, the relevant Assistant Director, case managers and team leaders of all children involved.
- Senior management (Director/ Assistant Directors) to review safety plan and ensure a risk assessment to be completed ASAP to include risk to safety of children remaining in placement together where allegation is child on child.
- Follow procedures as outlined in 2.2 Case Practice Manual.





4.11 Sexual Health

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Purpose

To assist residential care workers to develop practice that promotes discussion about sexual health issues with children.

To provide residential care workers with guidelines about providing information to children about sexual health and access to contraception.

Practice Requirements

Procedures

Communities does not condone sexual relationships involving children under the age of consent (16 years of age), however young people living in out of home care are at high risk of early sexual initiation, risky sexual behaviours, and early pregnancy.

To lay the foundations for healthy sexual development and healthy relationships it is important to have age, developmentally and culturally appropriate discussions with children about sexual health from a young age.

This includes **age, developmentally and culturally** appropriate discussions about:

- Feelings
- Public and private parts of the body, places, behaviours and information
- Safe and unsafe touch and protective behaviours
- Consent and coercion
- Self esteem
- Body image
- Puberty
- Relationships
- Sexuality
- Conception and Pregnancy
- Contraception
- Sexual health
- Online safety
- Pornography

Case managers must ensure information about contraception and risks of sexually transmitted infections (safe sex) is provided and support the child to take steps to prevent unplanned pregnancy. It is recognised that talking about sexual issues with a child is a sensitive matter and is best undertaken by someone who has a trusting relationship with the child. In consultation with the case manager it may be decided that a residential care worker

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Resources

- WA Health Department 'Talk Soon Talk Often'
- WA Health Department Let's Yarn
- NSW Health Department 'Youth Health Resource Kit'
- La Trobe University 'Love Sex and Relationships'
- WA Health Department 'Get the Facts'
- Reach Out

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Practice Requirements

may be the most appropriate person to do so.

If a residential worker becomes aware that a child is, or is considering, becoming sexually active, it must be discussed with the child's case manager and documented how the child has been provided with information about the potential implications of being sexually active. Where possible and appropriate, (with the approval of the case manager and in collaboration with the case manager), residential care workers should take steps to protect the child from harm or to minimise the potential for harm by:

- Providing access to information about contraception options
- Facilitating access to contraception options
- Identification of risk behaviours and education about safe and unsafe behaviours
- Providing information and access to sexual health screening and testing
- Helping young people understand and feel comfortable with their sexuality, gender and/or sexual identity

Establishing a trusting relationship is the first step in helping a young person feel comfortable discussing sexual health issues. Residential care workers can help to build this rapport by:

- Helping young people to understand that experimentation is normal however it is important to protect their health and safety, the health and safety of others, understand appropriate boundaries and consent
- Adopting a non-judgemental approach
- Being prepared to raise the issue of sexual health and show comfort in discussing the topic
- Not assuming that the young person is heterosexual
- Addressing the whole person and their developing relationships with other people rather than focusing only on the prevention of STIs and unwanted pregnancy

Staff will be provided with information on protective behaviours, sexual health and healthy relationships to assist them in discussing sexual health in an age, developmentally and culturally appropriate way with children.

Staffs are required to document sexual health discussions and resulting actions in case notes.



5.1 Duress Alarms

Last Modified: 04-May-2017

Review Date: 01-Jun-2019

Approval Status: Approved

[Comments](#)

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Purpose

This section provides guidance on when duress alarms (duress) should be used, such as in the event of serious and dangerous situations when normal telephone operation is not practical and when an urgent and immediate response is required.

Practice Requirements

- All rostered residential care workers must carry a duress with them at all times where available for their own safety and the safety of other workers and children in care.
- Some country residential group homes may not have an emergency alarm system due to their remoteness and the lack of security companies able to respond. In these instances residential care workers must call the emergency number 000.

Procedures

- Overview
- Operating duress alarms in an emergency:
- Telephone numbers and voice code:
- If the alarm is activated in error:
- If mains power fails:
- Duress alarm testing (must be completed weekly):

Overview

Most residential group homes have a duress connected to the main telephone line. Pressing and holding the buttons on a portable duress for three seconds activates this alarm.

Residential care workers must carry the duress on their person at all times while on shift. Failure to do so could lead to Workers' Compensation being refused if it is deemed that the incident was foreseeable and residential care workers did not take reasonable steps to protect themselves.

Duress alarms should be used in serious and dangerous situations that can no longer be managed when normal telephone operation is not practical, and when an urgent and immediate response is required. If unsure, activate the alarm.

At the beginning of each shift the portable duress alarms must be taken over from staff on the previous shift.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

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Many country residential group homes do not have an emergency alarm system due to their remoteness and the lack of security companies able to respond. Residential care workers should instead call 000.

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Operating duress alarms in an emergency:

1. Activate the alarm by depressing the buttons on the portable duress alarm for three seconds. On units with two buttons, both should be depressed.
2. When the alarm is activated a signal is sent to the monitoring company control room. A blue strobe light will activate in the home (if fitted).
3. The monitoring company will attempt to contact the home first. If there is no response they will notify the police. Police will attend the home.

After the emergency, residential care workers must reset the wall mounted alarm unit. It will not respond to further duress signals until this is done. This should be done at the earliest possible time.

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Telephone numbers and voice code:

The name and contact number of the security company and voice code should be displayed clearly next to the main office telephone in each residential facility.

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If the alarm is activated in error:

1. Advise the control room that the alarm was accidentally activated – you must quote the residential unit's voice code.
2. Staff at the control room will decide whether to contact Police (if not already done).
3. Reset the alarm.
4. Record the incident in the *Log Book*.

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If mains power fails:

If the mains power fails, the control room will receive a signal to indicate mains failure and the unit will automatically revert to battery power.

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Duress alarm testing (must be completed weekly):

1. Ring the security company.
2. Quote voice code.
3. Ask for the system to be switched to test mode.
4. Test all duress alarms.
5. Reset alarm - key the appropriate code into the wall mounted unit after each activation.
6. Ring the security company to check that all signals went through and ask for system to be put back on line.
7. Log the number of alarms tested and whether or not they are working.

Note: If the security company does not receive all duress signals, further testing is necessary to identify which unit is not working. Residential care workers must:

- clearly mark the unit as faulty
- log the duress alarm as faulty, and
- inform the manager.

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5.2 Emergency Management and Evacuation

Last Modified: 02-Feb-2021

Review Date: 01-Jun-2019

Approval Status: Approved

[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To prepare for and reduce or eliminate the risk of emergencies and critical incidents by:

- carrying out risk assessment activities and prevention and planning measures on a regular basis
- maintaining accurate records
- in case of an emergency, following clearly documented and understood procedures to make sure that all children and residential care workers are safe and are accounted for, and
- that normal activities are returned to as soon as practicable.

Practice Requirements

- In an emergency the main priority is to keep children and residential care workers safe.
- All residential care workers are responsible for managing emergencies and critical incidents.
- Regular risk assessments and prevention and planning measures must be carried out. Accurate records of these tasks must be maintained.
- Managers must:
 - oversee the completion of all emergency prevention and planning strategies, and
 - make sure that residential care workers:
 - are familiar with, and able to follow emergency procedures, and
 - are able to maintain accurate records.
- All residential care workers must maintain the safety of the home and grounds to minimise the risk of critical incidents and other emergencies.
- Safety and health representatives must be appointed in each residential group home.
- Workplace inspections must be conducted once a month by a safety and health representative, manager, or a designated staff member.

Procedures

- Safety and health representatives
- Evacuation bag
- Procedures - prevention and planning
- Emergency Records File
- Evacuation Management Plan
- Evacuation Checklist

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care - Mid-summer Review Checklist
- Residential Care - Summer Fire Prevention Strategies Checklist
- Residential Care Critical Incident Report Template

Related Resources

- Workplace Inspection Checklist
- Occupational Safety and Health
- Emergency WA Current Alerts and Warnings (Formerly DFES)
- Bureau of Meteorology website
- Safety and Health Representatives
- Fire Safety Management Plan
- FIRE Evacuation Drill Record
- Emergency Evacuation Checklist Template

Related Entries

- 5.3 Fire Management

Related Administration Manual Entries

- Occupational safety and health roles and responsibilities

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- Workplace Inspections and Checklist
- Evacuation Drills to the assembly area
- Procedures in the event of an emergency
- 1. Responses
- 2. Recovery
- 3. Review

Safety and health representatives

Safety and health representatives must be appointed in each residential group home. A list of *safety and health representatives* can be found on Department's intranet.

Emergency management procedures assist residential care workers to respond in ways that achieve safe outcomes.

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Evacuation bag

- Resident Summary for each child
- List of emergency contacts, for example, manager (on call) and Assistant Director and Director Residential Care
- Four sleeping bags
- First Aid kit
- Five torches complete with batteries
- Four towels
- One pack D batteries
- One pack AA batteries
- Emergency provisions (food)
- Emergency clothing
- Board games
- Toiletries
- Stationery goods

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Procedures - prevention and planning

Regular risk assessments and prevention and planning measures must be carried out and accurate records maintained.

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Emergency Records File

An *Emergency Records File* must be located in the staff office. It must be readily accessible to all residential care workers and maintained with up-to-date records including the following:

- Evacuation Management Plan
- Evacuation Checklist
- completed Evacuation Drill records
- Workplace Inspection Checklist
- Fire Management Plan
- completed Summer Fire Prevention Strategies Checklist
- completed Mid-summer Review Checklist.

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Evacuation Management Plan

An *Evacuation Management Plan* must be displayed clearly in the *Emergency Records File* and around the residential home.

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Evacuation Checklist

An *Evacuation Checklist* must be displayed clearly in the *Emergency Records File*. It must clearly describe the actions children, residential care workers and

visitors must follow in an emergency that requires the premises to be vacated.

The *Evacuation Checklist* must include a site plan that identifies:

- emergency exits
- the locations of emergency equipment
- locations of main power and water controls, and
- the location of the safe assembly area.

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Workplace Inspections and Checklist

Workplace inspections must be conducted once a month by a safety and health representative, manager or a designated staff member.

The *Workplace Inspection Checklist* must be completed and signed by all relevant parties, and placed in the Emergency Records File.

The safety and health representative, manager and staff must carry out any 'actions required' identified in the workplace inspection as soon as possible. This may include contacting the Facilities Management team or others in order to complete actions. The date that actions are completed must be recorded on the *Workplace Inspection Checklist*.

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Evacuation Drills to the assembly area

Evacuation drills for residential care workers, children and visitors must be conducted on a monthly basis. Drills should take place at different times of the day. The *Evacuation Drill Record* must be completed and signed by relevant parties, and placed in the *Emergency Records File*.

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Procedures in the event of an emergency

The manager is responsible for managing emergencies and critical incidents.

These procedures are intended to minimise injury, trauma and distress to children and residential care workers, damage to property, and to facilitate the return to normal living and care arrangements as soon as possible. If the manager is not on site the senior residential care worker is responsible.

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1. Responses

Responses may include:

- Evacuation or the movement of people from a threatened area to a place of safety.
- Closure of the home, in which case the manager or delegate must notify the Director Residential Care (or nominated delegate) before the order is made to temporarily close the premises.
- Completion of a Critical Incident Report, as soon as practical.

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2. Recovery

Recovery consists of implementation of measures that support children and their care communities after the emergency or critical incident, and during the reconstruction of the physical infrastructure and restoration of emotional, environmental and physical wellbeing.

For example, following an emergency or critical incident, the manager or nominated site manager:

- takes appropriate actions to return the home or property to normal

- identifies and manages the ongoing social and psychological needs of those affected
- develops and implements medium to long-term strategies with specialist support staff, and
- modifies specific procedures of the plan as determined by the operational debriefing

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3. Review

Review of emergencies and critical incidents

The manager organises a debriefing, where appropriate, to:

- evaluate the implementation and effectiveness of the Evacuation Management Plan
- openly communicate any identified issues/ faults in procedures and any suggested improvements with residential care workers and children, and
- complete and maintain all documentation associated with the management of the emergency or critical incident.

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5.3 Fire Management

Last Modified: 30-Nov-2018

Review Date: 01-Jun-2019

Approval Status: Approved

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Purpose

To provide residential care workers with information and clear procedures to follow in case of fire or potential fire to keep all children and staff safe, accounted for, and able to return to normal activities as soon as possible.

Practice Requirements

- Residential care workers must be familiar with, and understand procedures set out in the home's *Fire Management Plan*.
- The overriding priority is the protection of life. To minimise the risk of fire residential care workers must be vigilant and maintain a low risk environment.
- Managers must develop and implement a *Fire Management Plan* and fire prevention strategies for their house and property.
- Everyone must follow the *Fire Management Plan* and must use social responsibility to carry out additional maintenance and precautions.

Procedures

- Fire Management Plans
- 1. Fire Risk Assessment
- 2. Fire Prevention and Preparation Planning
- Summer Fire Prevention Strategies
- 3. Response
- 4. Recovery
- 5. Review

Fire Management Plans

A *Fire Management Plan* (FMP) must be developed to identify the resources and services required to manage in a fire emergency. An effective FMP prepares residential care workers and enables them to:

- assess the situation, call emergency services and assist those in danger;
- evacuate if appropriate
- inform relevant people
- support and reassure those who may need it, and
- undertake recovery operations (later) to assist in returning the site to normal.

The plan must be prepared and practiced with all members of the home (children, residential care workers and visitors) before the start of the bushfire season, and when new children and staff join the home. Residential care workers must be

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care - Mid-summer Review Checklist
- Residential Care - Summer Fire Prevention Strategies Checklist

Related Resources

- Fire Safety Management Plan
- Workplace Inspection Checklist
- Emergency WA Current Alerts and Warnings (Formerly DFES)

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familiar with the FMP and understand their role and responsibilities if there is a fire.

The FMP must:

- be developed on the basis that all children and residential care workers will leave for a safer place
- identify where children and residential care workers will go, how they will get there, what they will take and how they will know when to leave
- assist children and residential care workers to be prepared, organised and know what to do when a fire or bushfire starts
- cover a range of situations that may be faced
- cover what children and residential care workers need to do if things go wrong
- include a backup plan in case it is not possible to leave in time or if it is too late and too dangerous to leave when roads are closed and filled with smoke, and
- include what will be done with pets and/or livestock (for example, horses).

Note: If there is livestock that can be moved out of the area, allow plenty of time to move them. Never release animals out on to the road to run free. This is dangerous for fire trucks and vehicles, and you may be legally responsible if they cause an accident.

When developing a Fire Management Plan the five stage process is:

1. Fire Risk Assessment
2. Fire Prevention and Preparation Planning
3. Response
4. Recovery
5. Review

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1. Fire Risk Assessment

Fire Risk Assessment to determine the following:

- What is the fire or bushfire risk?
- How will residential care workers know what is happening in the area?
- If there is a fire or bushfire, how will residential care workers stay alert and know when to take action?
- How prepared is the property?
- What options are there if residential care workers and children can't leave for a safer place?
- How prepared are residential care workers and the children for being in a fire or bushfire, as it can be a traumatic experience.

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2. Fire Prevention and Preparation Planning

All residential care workers are responsible for maintaining the home and grounds to minimise the risk of fire. Managers and residential care workers must work with the Facility Management team to maintain the property, land and gardens to a safe standard and in good working order. Fire prevention strategies must be planned and carried out in a timely manner.

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Summer Fire Prevention Strategies

Summer Fire Prevention Strategies

Fire prevention strategies must be carried out during spring (before the start of summer) on an annual basis. The safety and health representatives, manager and residential care workers must work with the Facility Management team to complete all fire prevention strategies.

Homes located on larger blocks must have an annual Facility Management Fire review completed by 1 September each year. The manager must work with Facility

Management to complete the FESA review and all recommended actions by 1 November each year.

The *Summer Fire Prevention Strategies Checklist* must be completed and signed by relevant parties, placed in the *Emergency Records File* and emailed to Facility Management.

A mid-summer review must be conducted at each home during the month of January. This must include reviewing all tasks on the *Summer Review Checklist*, recording the actions required and completing those actions by 1 February each year. The *Mid-Summer Review Checklist* must be completed and signed by relevant parties, placed in the *Emergency Records File* and emailed to Facility Management.

Physical Environment

Everyone's social responsibility is to prepare their home and property for the fire and bushfire season. Everyone must follow the *Fire Management Plan* and carry out additional maintenance and precautions when necessary. Where a significant risk is identified, expert advice must be obtained to maintain a low risk environment.

The following actions are required when necessary:

Starve the Fire

Keep the area around the home clear so that embers will have less chance to start a fire when they hit the ground.

- Cut long grass and dense scrub.
- Rake up leaf litter and twigs under trees regularly to prevent a build-up.
- Have lower tree branches (up to two metres off the ground) pruned to stop a ground fire spreading into the canopy of trees.
- Remove shrubs and small trees under and between larger trees.
- Create a fire break - clear vegetation along the boundary of the property
Make sure you meet your local government's firebreak requirements.
- Keep roof gutters and valleys clear of leaves and bark.
- Retain a safety zone.
- Create and maintain a 20 metre circle of safety around your home and other buildings clear of all rubbish, long dry grass, bark and material that may catch fire.
- Create and maintain a minimum two metre gap between your house and tree branches.

Plan your garden so that your vegetable garden, lawn, pool or patio is on the side of the home likely to face a fire (where the bush is).

Fill the gaps

- Block any gaps under floor spaces, in the roof space, under eaves, external vents, skylights, evaporative air conditioners, chimneys and wall cladding.
- Check that there is metal fly wire mesh on all vents to keep sparks and embers out.

Avoid fire traps

- Do not pile wood against or near the home.
- Remove any timber, rubbish or old junk lying around the property.
- Store fuel containers in a shed away from the home, and have a firebreak around it.
- Keep LP gas cylinders on the side of the home furthest away from the likely direction of bushfires (where the bush is).

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3. Response

Responses are the actions taken immediately before, during and immediately after a fire. Responses include:

- the process for determining the level of risk and/or threat, and the course of action to be taken
- turn the air-conditioning off
- the evacuation process for moving residential care workers and children to a place of safety
- notifying the Director, Residential Care or his/ her nominated delegate, as soon as it's safe to do so,, and
- the process for returning to the home once the threat has passed, or to alternative accommodation if this isn't possible.

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4. Recovery

These are strategies to restore the emotional, environmental and physical wellbeing of affected children and residential care workers.

Following an emergency or critical incident, the manager, the home psychologist and the Facilities Management Team must:

- take appropriate actions to return the home and property to normal
- develop and implement medium to long-term strategies in conjunction with specialist support residential care workers to identify and manage the ongoing social and psychological needs of those affected, and
- modify specific procedures of the Fire Management Plan as determined by the operational debriefing.

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5. Review

The manager and home's psychologist review each fire emergency. They:

- organise an operational debriefing to evaluate the implementation and effectiveness of the *Fire Management Plan*
- openly communicate any issues and/or faults in procedures, and any suggested improvements, and
- maintain associated documentation.

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5.4 Medical Emergency

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Approval Status: Approved

[Comments](#)

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Purpose

To provide guidance to residential care workers dealing with potential medical emergencies.

Practice Requirements

- All children in residential care must have an initial placement discussion on arrival. This should involve the district representative, residential care workers and child where appropriate to discuss potential medical issues and ambulance cover.
- The district must complete *Resident's Summary Form* to inform the initial placement discussion.
- All medical alerts must be identified clearly on the child's *Resident's Summary Form* and displayed in the office.
- All residential care workers must receive up to date information about possible medical emergencies via the child's *Safety Plan* and handovers.
- Residential care workers must respond quickly and professionally to provide the best care possible in the event of an accident or other medical emergency.
- All actions taken must be recorded within appropriate time frames, and all relevant parties informed as soon as possible.

Phone numbers (to be copied and available in each home as a poster in the staff room) -

- 000 Emergency
- Princess Margaret Hospital (08) 9340 8373 or (08) 9340 8222
- Fiona Stanley Hospital (08) 6152 2222
- Poisons Line 131126
- Health Direct – 24 hr advice 1800 022 222
- Dental Emergencies a/hrs (08) 9221 2777 or (08) 9226 1461 or (08) 9382 8266
- Acute Response Team (ART) 1800 048 636

Procedures

- Injuries to a child
- If in doubt, call an ambulance
- Ambulance
- Anaesthetic Consent
- Injuries to workers

Injuries to a child

All residential care workers must have a current Senior First Aid Certificate. If a child is injured, residential care workers should assess:

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Form 612 - Report For The President/Magistrate Of Perth Children's Court
- Residential Care Safety Plan Template
- Residential Care Case Note Template

Related Resources

- SolvSafety – OSH Incident and Hazard Reporting

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- the extent of the injury and the child's emotional reaction
- the need for assistance (for example, ambulance, doctor, ART), and
- apply first aid.

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If in doubt, call an ambulance

All medical emergencies must be recorded in the *Log Book* and *Critical Incident Report* and referred to in the case notes.

For emergencies where medical help is required, the child's case manager should be notified as soon as possible.

After hours

In metropolitan homes residential care workers should inform the on-call manager directly and send email the home manager, assistant directors Residential Care, the Director, Residential Care, the child's case manager and any other relevant parties. In country homes residential care workers must notify Crisis Care.

Where professional help was not required, feedback is provided as part of the case notes. Case notes must be sent to the child's case manager.

Note: Residential care workers must not notify the child's family. The child's case manager (or after hours Crisis Care) is responsible for notifying the child's family.

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Ambulance

In the case of serious injury or any other medical emergency where it may be unsuitable to transport a child in a residential home's vehicle, St John's Ambulance must be used to transport a child to hospital.

Where possible, residential care workers should follow the child and stay with him or her in hospital to provide support and help the child understand information until his or her case manager can attend.

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Anaesthetic Consent

Residential care workers must contact (or have medical staff contact) the child's case manager if local or general anesthetic is needed.

Only Crisis Care can provide after hours consent.

Note: A doctor has the power to give anesthetic if the situation is life threatening.

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Injuries to workers

1. Assess the extent of the injury, and the children's emotional reactions to the situation.
2. Assess the need for assistance (for example, ambulance, doctor, ART).
3. **If in doubt, call an ambulance.**
4. Apply first aid - consider the urgency of the first aid needed and the adequate supervision of children whilst first aid is being administered.
5. If the residential care worker member cannot fulfill work requirements then other residential care workers on shift are responsible for finding replacement, or if after hours, call the on-call manager.
6. Record the nature of the injury in the *Log Book*.
7. Complete an online *Occupational Health and Safety* incident report via the 'Health and Safety' tab in Employee Self Service (ESS). This can be completed by the injured member of staff or by other residential care workers on shift as soon as possible.
8. Notify the manager if the injury is serious.

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6.1 Keys

Last Modified: 04-May-2017

Review Date: 01-Jun-2019

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Purpose

To maintain organisational security and personal safety within the home.

Practice Requirements

- All residential home spare keys and car keys must be stored in a secure place such as a locked cabinet or safe.
- All residential care workers must have access to the locked cabinet or safe.
- The location and name of the person in charge of the key must be recorded in the home's key register.
- A child must not be given keys.
- Lost keys must be reported immediately to the manager as the safety of workers and children may be compromised.

Procedures

- Overview

Overview

Each residential care worker is allocated a set of keys whilst at work and is responsible for the security of those keys. The keys typically give access to all rooms in the home and locked cabinets where confidential information, petty cash, medications and sharps are secured.

A residential home key can be given to residential care workers on orientation and students at the discretion of the manager or residential care workers on shift.

Keys should not be placed where children can access them.

The home's manager and psychologist should also have a key for each group home under their management.

A spare key should be kept at the closest or most convenient other residential care home or Department facility to allow the quickest access to the home in the event of a loss of keys while out of the home.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

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6.2.a Personal Property - Children

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[Comments](#)

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Purpose

To provide procedures for keeping children's personal belongings safe and secure.

Practice Requirements

- As part of the first introductory meeting, all children must be asked if they have any valuable or precious items in their possession. Children should be advised that there are secure storage facilities available to keep items safe.
- All residential care homes must provide suitable storage facilities for children's personal property. Valuable or precious items which require secure storage must be stored in a secure container or secure area.
- All dealings with children's property must adhere to the principle that even items which appear to have little intrinsic value may be very precious to the child. Residential care workers must remain completely non-judgemental about the value of items belonging to the child.
- All children living in residential care homes must be encouraged to recognise that respect for their own and other's property is a part of their social responsibility.
- All property brought into the home by a child must be checked to make sure that nothing of a dangerous nature is brought into the home. This may need to be done on a regular basis if residential care workers believe that inappropriate or dangerous items are being brought into the home. Refer to *4.9 - Search and Seizure*.

Procedures

- Overview

Overview

If the child wishes residential care workers to look after items of their property, these must be kept in a secure location. There should be a 'personal area' in the staff office for each child to store everyday items or items of minor value to prevent loss.

Residential care workers should identify and record all personal or valuable items which are being stored for children in a 'properties book' or virtual property file. Where practical, children should be involved in recording this information and may be asked to write a list of the items being stored. Residential care workers can use this list to check and sign items off. Residential care workers should copy the list, keep one copy and give the other to the child or, in the case of a very young child, his or her case manager.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Entries

- 4.9 Search and Seizure

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If the child does not cooperate with such checks of their property and there is reason to believe a search to be necessary residential care workers should refer to 4.9 - *Search and Seizure*.

Children may take responsibility for their own personal property or items of value if they want to, however they should be advised that residential care workers cannot take responsibility for lost, stolen or damaged belongings. In this case residential care workers and children should consider and plan how best to keep personal items safe and secure together, for example, by locking the bedroom door, recording a detailed description or the serial number of the item, or by the residential care worker holding the item for a time.

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6.2.b Personal Property - Staff

Last Modified: 31-May-2021**Review Date:** N/A**Approval Status:** Approved[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To provide procedures for keeping staff's personal belongings safe and secure at work.

Residential Care is resolute in the intention to provide the children in houses with a homelike therapeutic environment. Whilst doing so, it is nevertheless important to be mindful of measures that are necessary to ensure safety of children and staff.

Children in residential care can be impulsive, and at times lack inhibition and judgement capacity about personal safety. They are impacted by trauma and can express their emotions by challenging safe boundaries. On occasions, children enter staff offices, sometimes by invitation and sometimes not. Thus, it is important staff vehicle keys, valuables and personal belongings are stored safely and securely.

Practice Requirements

A locked safe/cabinet/locker is to be accessible to staff at the commencement of each shift to ensure the safe and secure storage of personal items such as staff vehicle keys, phones and valuables to minimise the opportunity for the children in our care to access such items.

Process Maps

Procedures

- [Personal Vehicles and RiskCover Insurance](#)

Personal Vehicles and RiskCover Insurance

For information about procedures regarding loss or damage to staff vehicles by a child in Residential Care or the Child's natural and kinship relative(s), please see the Administration Manual entry [RiskCover Insurance](#). Please note the Administrative Manual contains legacy administrative procedures from Child Protection and will require review once Communities procedures are updated.

Related Resources

Standards

- [Better Care, Better Services - Safety and quality standards for children and young people in protection and care](#)

Related Administration Manual Entries

- [RiskCover insurance](#)

Glossary of Terms

- [Glossary of Terms](#)

Custodian Details

- [Senior Practice Development Officer - Country Services \(006139\)](#)



6.3 Mobile Phones, the Internet and Electronic Media - Computers, Other Devices, DVDs and Music

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[Comments](#)

Edit Procedure

Print Page

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Purpose

To develop guidance and strategies around:

- selecting and accessing appropriate media for children, and
- the appropriate use of mobile phones by children.

Practice Requirements

Related Resources

Policies

- Social Media Policy

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Case Note Template

Related Resources

- Cyberbullying - Useful Information for WA Parents
- Australian Communications and Media Authority - Classification Guidelines
- Office of the Children's eSafety Commissioner
- Common Sense Media
- Health Direct – Cyberbullying

Related Entries

- 1.3 Confidentiality and Information Sharing

Related Casework Practice Manual Entries

- 3.2.5 Identification of children

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Practice Requirements

Mobile phones

- Managers must develop guidelines for the use of mobile phones as part of their home's risk-management planning.
- Planning for mobile phone usage must be individualised and take account of the child's age, maturity and their demonstration of appropriate social responsibility in this area.
- Children with access to the internet on their private mobile phones must have mobile phone management plans or contracts in place.
- Children must not have access to, or possess residential care workers' phone numbers. Residential care workers must not:
 - exchange private phone numbers with past or present children
 - have children's phone numbers on their personal mobile phones, or
 - allow children to use worker's personal mobile phones or internet enabled devices.

The Internet, computers and other devices

- Residential care workers must refer to the *Classification Guidelines* set by the Australian Communications and Media Authority (ACMA) (also in related resources) when supporting children to use electronic media safely.
- Residential care workers must also take into account the children's developmental age, trauma history, vulnerability, and appropriateness of content of media brought into the home.
- Workers must discourage children's use of illegal, dangerous, offensive, illicit or illegal media.
- In line with our Sanctuary Commitment to Non-Violence and social responsibility, Residential care workers must observe and monitor the content of material being viewed or played by children on home's computers and any personal internet-enabled devices that a child brings into the home to:
 - assess its appropriateness
 - make sure that downloaded material is safe and appropriate for the child, and
 - restrict access to inappropriate websites.
- Residential care workers must limit time and use of electronic media to safeguard the children's health and wellbeing.
- Every home must have written agreements that describe the expectations for use of electronic media clearly, and includes non-violence and social responsibility for workers and children. These agreements must be signed by the case manager, child, and the home manager or key worker, ideally at the residential care plan meeting, or when the device is brought into the home.
- All inappropriate use of any media must be recorded and reported to the child's caseworker.

Procedures

- Introduction
- 1. Mobile phones
- 2. Access to the Internet
- 3. Music
- 4. Cameras and recording devices
- 5. Television
- 6. Gaming consoles and devices

Introduction

Residential care workers have a social and legal responsibility to teach children about social media and the legal implications of illegal downloads and uploads, and purchasing illegally made DVD's, CD's and other media.

All Residential care workers must support children to be socially responsible when accessing media or listening to music. Residential care

workers must encourage children to be considerate of others in the home by playing media and music in a way that is not detrimental or distracting to other children. To achieve this, workers may need to negotiate with children about when and where media or music may be played.

[Top](#)

1. Mobile phones

At the placement interview, acceptable use of mobile phones and consequences of misuse should be discussed with the child and his or her case manager. At this meeting a list of permitted contacts and a list of contacts not permitted should also be developed. Acceptable use varies between homes, and the ages and stage of the children, and each home will have its own guidelines. These guidelines should be presented to each child for their ongoing reference.

While there is always a need for management of children's use of mobile phones, the expectations established with each child should meet the social norms for the child's developmental age and circumstances. The agreed expectations should also allow children to develop and learn the use of these technologies at the same rate as children who are not in the CEO's care.

Children who have access to the internet on their private mobile phones must have mobile phone management plans and contracts in place.

Where inappropriate use is suspected or known, residential care workers should record this in case notes and report it to the home manager and/or case manager.

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2. Access to the Internet

All homes have access to the internet. Residential care workers must refer to the practice requirements and apply guidance to all internet enabled devices at or brought into the home.

Children's access to the internet is conditional upon appropriate usage. The conditions should be recorded and strictly adhered to (for example, installation of filters restricting access to particular sites, supervision requirements, etc). All workers must be aware of the conditions of use, and particularly of:

- the need for close supervision of children, and
- any limitations or restrictions that have been imposed.

The level of supervision of a child should be commensurate to the level of risk. That is, a child accessing the internet should do so in a 'public place' in the home where practical, and be closely supervised by a residential care worker.

Residential care workers must supervise and educate children on safe use of the internet and the potential dangers of cyber bullying.

Online bullying is one potential cyber safety issue for children when they use computers and mobile phones. Other potential risks include, but is not limited to: online gaming, violence gaming, accessing adult sites, online predators, etc.

Voice over Internet Phone (VoIP) calls

Making phone calls over the internet using free calling websites such as Skype or Facetime can be accessed, but this must be supervised by residential care workers and limited to each child's approved contacts.

Age appropriate social networking sites may be accessed under residential care workers' supervision. Residential care workers may set up

accounts that link to social networking sites to monitor the children.

[Top](#)

3. Music

Residential care workers must monitor music bought into the home via CDs, mp3 players, iPhones, iPods, iPads, USB sticks and other devices.

Music that includes racism, sexually explicit or violent themes, or violent language must be questioned and discouraged by workers. Children must be reminded that they need to adhere to the media contract signed with the home manager.

Residential care workers should consider a range of strategies to introduce children to other genres of music to complement their preferred choices (to learn that quieter or softer music can help to calm and reduce stress).

[Top](#)

4. Cameras and recording devices

As per social and legal responsibility, Residential care workers must supervise and educate children to use recording devices safely and appropriately. Taking and distributing inappropriate pictures or videos is not permitted.

In the instance where a residential care worker only has their personal mobile available, at the first possible opportunity they should download the photos a Department computer and permanently remove them from the personal mobile. A copy should be sent to the district and a copy given to the child.

Residential care workers should refer to the following:

- Residential Care Practice Manual 1.3 - *Confidentiality and Information Sharing*, and
- Casework Practice Manual entry *Identification of children*

[Top](#)

5. Television

Residential care workers must refer to the guidelines on children watching programmes and DVDs in the homes. The ACMA *Classification Guidelines* must be checked, and as a minimum, be in line with age appropriate guidelines.

Ratings on video games, e-books and DVD's are unreliable. All forms of electronic media should be previewed by residential care workers where practical. The level of supervision required for a child watching an appropriately classified DVD, the content of which is known to residential care workers, is considerably less.

Smart TVs must be used in accordance with the internet use guidelines.

The use of TVs and portable DVD players in bedrooms should be limited according to the home's guidelines.

[Top](#)

6. Gaming consoles and devices

Residential care workers must supervise children playing games and the device's contents. The ACMA *Classification Guidelines* must be checked, and as a minimum, be in line with age appropriate guidelines.

In line with our commitment to non-violence and social responsibility, games that include racism, sexism, violent themes and language, and simulated illegal behaviour (for example, car stealing) are not appropriate and must be discouraged by residential care workers.



6.4 House-Keeping

Last Modified: 04-May-2017**Review Date: 01-Jun-2019****Approval Status: Approved**[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To provide residential care workers with guidelines to assist in maintaining a safe, clean, nurturing and home-like environment.

Practice Requirements

- All residential care workers must undertake some house-keeping, yard tidying and light gardening tasks to maintain a safe, clean and nurturing home environment. This is a job requirement (as per the JDF) and social responsibility. Residential care workers must be prepared to support the work of contracted cleaners and gardeners. This provides examples of role modelling, social learning and contributes to the children's growth and change.
- Residential care workers in each home must develop and implement a routine for house-keeping and home operations that includes a range of daily and weekly tasks such as vacuuming, general tidying, cleaning wet areas (bathrooms and laundry), washing clothes, cleaning fridges and cooking appliances and shopping.

Procedures

- [Overview](#)

Overview

Tasks will vary from home to home - refer to home duties list from each home.

Residential care workers should model appropriate behaviour, and encourage and include the children in house-keeping routines, assisting them where necessary to complete day to day tasks such as:

- cleaning their bedroom
- cleaning up after food preparation and mealtimes
- sharing responsibility for keeping the living areas clean, tidy and safe for everyone, and
- planning a weekly menu for meals.

When planning the weekly menu, residential care workers must be aware of:

- food items not liked by some children
- children's food allergies, and
- the need to uphold children's cultural and/or religious dietary needs.

Related Resources

Departmental Frameworks

- [Service 1 – Residential Care \(Sanctuary\) Framework 2012](#)

Related Entries

- [2.7 Maintenance and Repairs](#)

Glossary of Terms

- [Glossary of Terms](#)

Custodian Details

- [Senior Practice Development Officer - Country Services \(006139\)](#)

Residential care workers must maintain a safe, home-like environment and respond to any home maintenance issues immediately. Requests for repairs must be lodged with building and maintenance, and the job number and task entered into the maintenance book.

Any new works or additional items required for the home, or items that need to be replaced must be requested through the manager or Assets. For more information refer to *2.7 - Maintenance and Repairs*.

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6.5 Meals

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[Comments](#)

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Purpose

To provide residential care workers with guidelines to assist them in developing healthy meal plans, preparation and routines that contribute to a home-like environment.

Practice Requirements

All residential care workers are expected to contribute to meal preparation and the provision of food to children in the home.

- Meals provided to children should form part of a nutritious and well balanced diet.
- Food cannot be withheld from a child.
- Children who are absent from the home during meal times must be offered a meal when they return.
- When preparing meals residential care workers must be aware of the child's medical history and particular dietary requirements such as gluten free, lactose intolerance and food allergies. Religious and other cultural needs must be catered to, including but not limited to, vegan or vegetarian choices and Halal and Kosher practices.
- Menus must be planned to make sure that the children receive a variety of food.
- When possible children must be encouraged to assist in the selection of healthy meal options and the preparation of meals.
- Where possible residential care workers must also encourage children to assist in the weekly shopping to help them to better understand the planning process and build life skills.
- Residential care workers and children must eat meals together to role model a home-like environment.
- Visits to fast-food outlets may be planned once a week.
- Treats and snacks can be used, but need to be monitored to prevent and minimise over-indulgence in less healthy food.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Form 009 - Statutory Declaration

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)



6.6 Health and Medication

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[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To assist residential care workers to develop practice that promotes good health outcomes for all children.

Practice Requirements

- All medication must be recorded on the appropriate *Medication Chart* and stored safely and securely.
- Prescription medication must not be administered to a child unless verified by a medical practitioner or case manager.
- Residential care workers must administer all non-prescribed medication (Panadol, cough medicine) to children as directed by product labelling, and record this accurately.
- Residential care workers must:
 - monitor the health needs of all children
 - implement and promote agreed procedures and practices to optimise good health outcomes and maintain safety for all children;
 - keep detailed and accurate records about the provision of health care to children;
 - provide first aid where required, and
 - apply first aid care to a child in an emergency until professional assistance is provided.

Critical phone pumbers -

- Poisons Information 13 11 26 (24 hours)
- Health Direct 1800 022 222 (24 hours)
- Princess Margaret Hospital 9340 8222

Procedures

- Overview
- Administration
- Medical records and Medication Charts

Overview

To meet the Department's duty of care obligations residential care workers must recognise and respond to the changing health needs of children and accidents involving children. Case managers must discuss

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Form 009 - Statutory Declaration
- Residential Care - Medication Chart - prescribed
- Residential Care - Medication Chart - PRN

Related Resources

- MOU - Schedule between CPFS and Department of Health 2015
- 11 Month Care Planning Guide
- Health Care Planning Information Sheet
- Health Care Planning Tracking Sheet
- Child Health Passport - page replacements
- Child Development and Trauma Guides
- Australian Childhood Immunisation Register

Related Entries

- 5.4 Medical Emergency

Related Casework Practice Manual Entries

- 3.4.11 Health care planning

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

each child's health needs with residential care staff to meet the child's immediate health needs.

The case manager must:

- provide accurate and relevant information about the child's health history, and any current medical condition, alerts or any other health care
- advise residential care workers if the child is bringing any medication to the residential care home and assist them to accurately complete a *Medication Chart*
- provide residential care workers with (written) information about:
 - the reason for taking medication
 - the name of the medication, dosage, when it must be taken and any other relevant information, and
 - whether the child is able to self-administer or if staff supervision is necessary.

When a child arrives at a residential group home a standard medical record is prepared as part of the child's initial residential care plan. This records all relevant medication details. These should be confirmed by the child's case manager and the child (if appropriate) at the time or at the earliest possible opportunity.

If the child is prescribed a medication, a *Medication Chart* must be prepared (and include a photo of the child to correctly identify the child). This form is used to record medication as it is given. Two residential care workers must sign the form to verify that the medication was offered and taken. Alternatively, a refusal should be recorded as such.

The administration of medication must also be recorded in the *Log Book*. Residential care workers must:

- record the child's name in the left column, followed by the time and the notation "medication taken" or "medication refused". If medication is refused for longer than a 24 hour period the case manager must be notified.
- always check the *Medication Chart* and *Log Book* to verify time and date medication was last administered before administering further medication, and
- never give the child more than the prescribed amount. If in doubt an appointment must be made with the doctor at the earliest possible time.

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Administration

Independent administration of medication by a child is not generally appropriate. Where this occurs, however, it is dependent upon the age of the child and the nature of their health care needs (for example, asthma inhaler).

Incorrectly labelled medication, unused, or out of date medication must be returned to the pharmacy for disposal.

Where possible the child's medication should be prepared in blister packs to make sure that the correct dosage is provided. This should always be the procedure for a child in non-emergency situations.

Before administering any medication, the residential care worker must check the following:

- that the child is the same person as named on the medication container and identified by the photo on the *Medication Chart*
- that the child is not under the influence of other drugs or substances, and
- the name of the medication, dosage and time.

The residential care worker administering the medication must check that the child has consumed the medication.

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Medical records and Medication Charts

Important medical information must be discussed and recorded when a child is placed in the home. Discussion must include information about medical alerts, medication and any other health concerns.

Medication Charts must be completed before any medication is administered to the child. Workers members must sign this form stating that the medication was offered and taken. Alternatively, a refusal should be recorded as such.

Each child's *Medication Chart* must be scanned into his or her Residential Care Objective file regularly.

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6.7 Bed Checks

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[Comments](#)

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Purpose

To provide information about levels of supervision required for the safety of all children living in residential care. The level of supervision required depends on each individual's level of need as assessed by residential care workers or defined by *Safety Plans* or *Residential Care Plans*.

Practice Requirements

- Residential care workers must provide supervision at all times within the home. This includes knowing where all the children are and that they are safe.
- During the night, residential care workers must check the welfare of all the children who are residing in the home. The frequency of these checks may alter depending on each child's situation.
- Residential care workers must record bed check in the *Log Book*, noting the time and a brief comment about the child.
- If the child appears asleep, and there are no concerns, a final bed check must be completed between 6.30am and 7.00am.

Procedures

- Bed Checks

Bed Checks

- Bed checks must be completed after the child has had a chance to settle and/or until they appear asleep.
- If residential care workers are advised of, or believe there are particular risks associated with a child, whether identified in the safety plan or not, the frequency of these checks must be increased for that child accordingly.
- Such concerns may include sexualised behaviour, self-harming, victim of bullying, drug or substance use, recent conflict, out of character behaviour, etc. These bed checks must be between 15 to 30 minutes as deemed necessary by the senior residential care workers on shift. The time and observation of all checks must be logged with a brief comment on the child's status.
- If residential care workers are unable to access a bedroom to conduct the necessary checks they must log the particular details, and if necessary contact the on call manager or, as per country arrangements, for advice or permission to take specific action.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Glossary of Terms

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6.8 Physical Contact

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[Comments](#)

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Purpose

To provide guidance to residential care workers for meeting a child's needs for physical contact in an appropriate and safe manner for all.

Practice Requirements

- Positive physical contact is important in assisting children in care to develop healthy attachments and/or relationships and support neurological development. This encourages the development of a safe and nurturing environment for children.
- All physical contact must be age and developmentally safe and appropriate.
- Physical contact between children must be very closely monitored and the home's expectations regarding physical contact should be regularly communicated.
- Residential care workers must be aware that some children may react negatively to physical contact due to their trauma.
- Some children may demonstrate inappropriate sexualised behaviours towards residential care workers and other children; residential care workers must observe their own reactions to this behaviour and report any concerns to their manager immediately.
- Residential care workers must not isolate a child in a room with the door shut when giving physical contact to a child. Where possible, all physical contact must be in open areas of the home.
- Any inappropriate physical contact must be logged.
- If residential care workers are concerned about the level of physical contact witnessed they must intervene and bring to the attention of the manager as soon as practical.

Procedures

- Overview

Overview

- When determining what appropriate physical contact is, residential care workers must take into account the child's age, stage of development and personal history.
- Appropriate options may include high fives, shoulder pats, cuddles (for younger children), side-to-side shoulder hugs (for older children), foot massages and head massages. It is important to assess the child's reaction to physical contact to determine what they are comfortable with.
- If a child is demonstrating a pattern of inappropriate physical contact, the residential care team must develop consistent methods for dealing with the

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Plan Template
- Residential Care Safety Plan Template

Related Resources

- Protective Behaviours (GDHR)
- Department of Communities Code of Conduct
- Be Curious, Not Invasive. Physical Contact & Personal Boundaries
- Holding Hands Primary School Lesson Plans for Teaching Protective Behaviours

Glossary of Terms

- Glossary of Terms

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behaviour. The behaviour may need to be addressed when developing the child's *Residential Care Plan* and/or *Safety Plan*.

- It is also important for residential care workers to teach the children about protecting themselves from unwanted physical contact. Residential care workers must support the child to use open communication to inform others about any physical contact that makes them feel unsafe or uncomfortable.

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6.9 Drugs and Alcohol

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[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Legislation

- Children and Community Services Act 2004 – Division 8 Powers of restraint, search and seizure

Purpose

- To minimise and manage the impact of drugs and alcohol on the day to day wellbeing of children.
- To identify procedures for safely responding to alcohol and drug misuse in residential care.

Practice Requirements

- A child being placed in a residential home must be accompanied by a responsible person.
- The responsible person must assess whether the child is drug or alcohol affected and whether he or she requires medical attention.
- If a child returns to the home and residential care workers reasonably suspect they have a substance with them that could endanger their health and safety, residential care workers should consider use of search and seizure powers under Division 8 of the Act, or contact WA Police for advice or assistance where determined.
- Residential care workers must not provide drugs or alcohol to a child, or facilitate access to drugs or alcohol.
- Residential care workers must take practical steps to prevent ongoing access to the supply or source of the drugs or alcohol and report concerns to the case manager and police where appropriate. These actions should be recorded in the *Log Book*, and case notes. Residential care workers must monitor the situation to prevent substance misuse in the future.

Drug and Alcohol Office – 24 Hour Alcohol and Drug Support Lines:

- Metropolitan Area 9442 5000
- Country Regions 1800 198 024
- Email: alcoholdrugsupport@mhc.wa.gov.au

Procedures

- Overview
- Out of hours placements
- A child who is drug or alcohol affected.

Overview

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Safety Plan Template

Related Resources

- Transition Home
- Department of Communities Code of Conduct
- Mental Health Commission (previously DAO)

Related Entries

- 5.4 Medical Emergency
- 4.6 Responding to Psychiatric Concerns
- 6.11 Contact with the Police or Justice System
- 4.5 Responding to Suicide and Self Harm

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Residential care workers must develop a risk management and safety plan for the child to prevent harm and minimise the potential for harm.

All residential care workers are responsible for the implementation of the safety plan.

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Out of hours placements

If a child is suspected of being drugs or alcohol affected, an assessment must be made on the suitability of the placement before the child is placed.

If the child's health deteriorates after placement, residential care workers must provide appropriate assistance and additional monitoring, or arrange for medical attention if required. Refer to *5.4 - Medical Emergency*.

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A child who is drug or alcohol affected.

When a resident child returns to the home and is assessed as being under the influence of alcohol, drugs or a volatile substance, residential care workers must determine the appropriate response for that child.

If a child returns to the home after consuming alcohol, drugs or other substances, but is not assessed as requiring professional medical attention and it is safe for him or her to remain in the home, the child must be closely supervised and monitored as he or she recovers in the safety of the home. Residential care workers must record the child's presentation in the *Log Book* and case notes, and record the frequency of the checks.

If the child expresses an intention to self-harm or actually self-harms please refer to *4.5 - Responding to Self-Harm and Suicide*. If the child has a psychotic episode as a result of their use of alcohol, drugs or volatile substances the protocols for responding to mental health concerns must be followed. Refer to *4.6 - Responding to Psychiatric Concerns*.

Residential care workers must provide information about the consequences of their behaviour – whether it be drug, alcohol or volatile substance use (for example, inhalation of substances such as: glue; solvents; petrol). This discussion should be recorded in the *Log Book* and case notes.

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6.10 Bullying

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Purpose

To provide residential care workers with general advice consistent with a Sanctuary therapeutic care approach to assist them in managing a child who is either being bullied or is acting in a bullying manner.

Practice Requirements

- Incidents must be recorded in *Log Book* and discussed at team meetings.
- All incidents and actions taken must be recorded in daily case notes and forwarded to the case manager and other relevant stakeholders.
- When bullying occurs residential care workers must discuss strategies using *Sanctuary Tools*, for example, SELF, to deal with the issue with the child/children, and record those strategies in the child's *Sanctuary Self Care Plan*.
- Where bullying in the home becomes an ongoing issue residential care workers must consider convening a Red Flag Meeting as an option for finding solutions.
- When bullying occurs outside the home (school, sports group, interest groups, etc.) residential care workers must make every effort to assist and resolve the matter.
- Each residential care home must have a strategy to keep children in the home safe from bullying, and to teach strategies on how to deal with bullying using Sanctuary psycho- education group work.

The following sites have extensive range of resources:

- Bullying no way! Safe Australian Schools
- Bully Stoppers
- Health Direct – Cyberbullying

Procedures

- Definitions

Definitions

The following definitions are taken from the Australian Government's *FAQs: Bullying in Schools. Safe Australian Schools Together* (in related resources).

Bullying.

Related Resources

Policies

- Workplace Anti Bullying Policy

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Case Note Template

Related Resources

- Department of Communities Code of Conduct
- Cyberbullying - Useful Information for WA Parents
- FAQs – Bullying in Schools
- Young People's Sanctuary Self Care Plan - Template
- Sanctuary Tools
- Bullying no way! Safe Australian Schools
- Bully Stoppers
- Health Direct – Cyberbullying

Related Administration Manual Entries

- Workplace anti-bullying

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Bullying is an ongoing misuse of power in relationships through repeated verbal, physical and/or social behaviour that causes physical and/or psychological harm. It can involve an individual or a group misusing their power over one or more persons. Bullying can happen in person or online, and it can be obvious (overt) or hidden (covert). Online bullying refers to bullying through information and communication technologies, e.g. the internet or mobile devices. Bullying of any form or for any reason can have long-term effects on those involved, including bystanders.

Single incidents and conflicts or fights between equals, whether in person or online, are not defined as bullying.

Covert bullying.

Covert bullying is a subtle type of non-physical bullying which usually isn't easily seen by others. It is conducted out of sight of adults, and is often not acknowledged by adults. Covert bullying behaviours mostly inflict harm by damaging another's social reputation, peer relationships and self-esteem.

Covert bullying can be carried out in a range of ways (for example, intimidation, spreading rumours, conducting a malicious social exclusion campaign and/or through the use of internet or mobile phone technologies). The term 'covert' highlights the fact that not all bullying is physical or obvious to others. Covert bullying can have the same harmful impacts as more obvious bullying, as it can be more isolating, can go on for longer before other people become aware of it, and can be more easily denied by the other person.

Online Bullying.

Online bullying (sometimes called cyber bullying) is bullying carried out through the internet or mobile devices. Research shows that most young people who are bully online also bully others in person².

Examples of online bullying include:

- publishing someone's personal or embarrassing information online
- creating hate sites or starting social exclusion campaigns on social networking sites
- sending insulting or threatening text messages, or
- repeated hang up calls.

It is normal for children to have disagreements and conflict. People have different needs, wants and ways of doing things. Some conflicts between children are a normal part of growing up and are to be expected. Single incidents and conflicts or fights between equals, whether in person or online, are not considered bullying, even though they may be upsetting and need to be resolved.

Bullying can happen:

- face-to-face (pushing, tripping, name-calling)
- at a distance (spreading rumours, excluding someone)
- through information and communications technologies (use of SMS, email, chat rooms).

Identifying bullying can sometimes be difficult. Bullying is often conducted out of sight of teachers and children may be reluctant to report bullying.

² Australian Government. (No date) FAQs: Bullying in Schools. Safe Australian Schools Together. Accessed from <http://news.bullyingnoway.gov.au/the-facts/Snapshots/FAQs-Bullying-in-schools.pdf>

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6.11 Contact with the Police or Justice System

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[Comments](#)

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Legislation

- Children and Community Services Act 2004 – Section 127 Power of the CEO to give consent

Purpose

Residential Care staff have the responsibility for day to day care of children within the Department of Communities' (the Department's) residential care homes. Most children are in the Chief Executive Officer (CEO) of the Department's care, where the parental responsibility is delegated to the District child protection worker (CPW). On rare occasions, children are placed in houses on negotiated placement agreements (NPA's), where the parental responsibility remains with the child's parents, though case managed by a District CPW.

Residential care staff work in partnership with the District CPW to provide a safe and healing environment for all the children with in the home.

This provides guidance to residential care workers about their responsibilities and expectations regarding police or justice contact with the children in their care.

Practice Requirements

Related Resources

Standards

- Better Care, Better Services - Safety and quality standards for children and young people in protection and care

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Services - Critical Incident Summary Form
- Residential Care Services - Critical Incident Report Template

Related Entries

- 4.7 Therapeutic Crisis Intervention and Use of Physical Restraint
- 4.8 Critical Incidents

Related Casework Practice Manual Entries

- 3.2.3 Consent for police interviews for children in the CEO's care
- 3.3.11 Young offenders - including children in the CEO's care
- 4.2.3 Freedom of information and legal requests for information related to casework practice
- 4.2.8 Working with other agencies - memoranda of understanding and information sharing

Related Administration Manual Entries

- RiskCover insurance

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Practice Requirements

Children and young people in Residential Care can present with extremely challenging behaviour including verbal threats, aggression, and other situations of conflict that are expressions of trauma.

Residential Care staff have a duty of care toward all children and need to be trauma-informed in their responses and able to confidently de-escalate conflictual situations. Decision-making by staff is based upon assessment of individual needs and situational factors. On occasions, this may include staff contacting the WA Police for assistance.

Appropriate contact by staff to police includes circumstances:

- where it is assessed that there is a risk of serious harm to the child, other children or a staff member and police assistance is required for immediate safety reasons;
- of a serious criminal nature where charges would be expected to follow; and/or
- meeting other reporting requirements e.g. vehicle damage and police reference number is required. Refer to Administration Manual 5 Facilities - Risk Cover Insurance Motor Vehicles.

The police must not be used as a means of dealing with or controlling disruptive behaviour (refer to the Residential Care Practice Manual entry 4.7 - Therapeutic Crisis and Intervention and Use of Physical Restraint).

When an incident occurs with police involvement, a Critical Incident Summary Form and subsequent Critical Incident Report must be completed (as per the guidance outlines in the Residential Care Practice Manual 4.8 Critical Incidents).

Procedures

- [Police Seek Interview of a Child](#)
- [Information Requests and Confidentiality](#)
- [Bail of a Child in the CEO's Care](#)
- [Child Attending Court](#)
- [Community Service Work Orders](#)

Police Seek Interview of a Child

If Police reasonably suspect a child in the CEO's care has committed an offence, they may seek to interview the child. Only the child can give consent (or refuse and/or withdraw consent) to be being interviewed by Police.

If an interview proceeds, the child must have a Responsible Person present and have received legal advice before proceeding.

A residential care worker must not act as a Responsible Person for a child in the CEO's care. District CPW's must act as the Responsible Person, or if after hours, this role is undertaken by an authorised officer from the Crisis Care Unit.

When there is a request by police to interview a child, you must refer to the current Casework Practice Manual entry 3.2 Consent for Police Interviews for Children in the CEO's Care for information about:

- Protecting the rights of the child.
- Residential Care Workers roles and responsibilities.
- The role of a [Responsible Person](#).
- Consent to collect DNA evidence.
- After-hours procedures for consent and legal advice.

WA Police officers may insist that you accompany the child and act as a Responsible Person. You must not act as the Responsible Person and

must decline this request.

The Responsible Person must consider the best interests of the child in all decisions.

You should not accompany a child taken to a police station. Should you be requested to attend to provide support until the Responsible Person arrives, you must consider the needs of the home at this time.

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Information Requests and Confidentiality

If a WA Police officer makes a request for written information about household events or operations, you must refer them to the Manager who will inform Residential Care Senior Management and contact Release of Information, Corporate Information immediately for advice.

The decision by Senior Management to release information will be informed by the legal requirements of such requests including subpoenas, warrants and other mandated processes.

If a WA Police officer requests access to information about a child, you must refer them to the child's District CPW. Refer to the Casework Practice Manual entry 4.2.4 Freedom of information and Legal Requests and 4.2 Working with other agencies - memoranda of understanding and information sharing for further information.

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Bail of a Child in the CEO's Care

Bail is a written promise that a person makes to attend Court on a certain day and at a particular time. The person also agrees to comply with the conditions that may be imposed by WA Police or the Court. When signed, it is called a bail undertaking. This means that the child does not have to be held in detention while they wait to go to court.

For a child aged 10-16 years to get bail, a Responsible Person must sign the bail undertaking to ensure the child complies with the requirements of the Bail Act 1982 (Schedule 1 Part C Clause 2). As residential care workers, you must not act as the Responsible Person, and must not sign a bail undertaking.

Should a child in the CEO's care be granted bail, WA Police should be informed that the child's District CPW or an officer from the District office, is the Responsible Person and accountable for any decision-making including signing the bail undertaking. This is called the 'Responsible Person Undertaking - CPFS Only' (Bail) of a child in the CEO's care. Outside of business hours, the Crisis Care Unit have this responsibility.

You are to inform the Responsible Person that WA Police are to record that the child is to 'reside at an address arranged by Communities' on the bail form. The Responsible Person is also to be made aware of any bail conditions that are not viable within a residential group home. Refer to the current Casework Practice Manual entry 3.3 Young Offenders - including children in the CEO's care.

On occasions young people have conditions attached to their bail. The principles of managing challenging behaviour are the same for children on bail as they are for all children living in residential care. This includes assessment of appropriate situations for staff contacting WA Police.

It is the child's CPW who, as the Responsible Person, is responsible for any decision regarding Withdrawal of Responsible Person Undertaking (Bail).

Child Attending Court

The District CPW should accompany a child at court and act as the Responsible Person.

In the event the District CPW is not available, another worker is to be identified by their District to act as the Responsible Person.

As a residential care worker, you must not act as a Responsible Person in the court process.

You may be requested by the District CPW to accompany the child as additional support on the day, and to assist with transport to and/or from court. In this event, you must assess the needs of the home in consideration of the capacity to provide this support.

Community Service Work Orders

The Court or Juvenile Justice Team (JJT) may impose an order for a child to complete community service hours. It is not appropriate for this work to be undertaken by the child at a residential care home, or for you to supervise this work. Such requests by the Court or the JJT should be declined. If there is insistence, the Department's Court Officer will advocate on behalf of Residential Care.

You should encourage and support children who are given Intensive Youth Supervision Orders (IYSO) and Youth Community Based Orders (YCBO) to adhere to their conditions. However, the responsibility for the management and supervision of these orders remains with the Department of Corrective Services.



6.12 Absent Without Permission (Absconding)

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[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To provide information about procedures residential care workers must follow when a child is absent from the home without permission (absconded). Absconding can often be a pain-based behaviour requiring planning with the child's District and other stakeholders regarding prevention and shared management when absconding occurs.

Practice Requirements

- Residential Care Workers must provide the highest level of supervision at all times to children who reside in residential care.
- If a child leaves the home (or an outing) residential care workers must try to accompany the child for as long as practicable to persuade them to return, or to determine the child's intended destination.
- If a child leaves the home without permission, cannot be located or fails to return to the home by a set time, an absconder report must be completed immediately (if high risk) or within 30 minutes. It is essential that accurate details about the child, situation and risk are included in the Absconder Report to guide the decision-making of WA Police and other stakeholders. Staff should consider both relevant history and current risk factors for the child when compiling details of the report.
- Residential care workers must read and be familiar with the MOU *CPFS and WAPOL Processes When a Child in the CEO's Care Absconds from a Department Managed Residential Care Facility or Secure Care*. The MOU provides information about specific procedures and staff responsibilities (pages 5 and 6), and a flowchart (page 11).

Procedures

- Where a child leaves a Residential Group home or outing without permission
- High risk absconders
- Returning to the residential care home

Where a child leaves a Residential Group home or outing without permission

If attempts to persuade the child to remain at the home or with the group are not successful residential care workers should:

1. Accompany the child and try to persuade them to return.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care - Missing Person / Absconder Located Form

Flowcharts

- Flowchart – Summary of Actions When a Child is Missing or has Absconded

Related Resources

- CPFS and WAPOL Processes When a Child in the CEO's Care Absconds from a CPFS Managed Residential Care Facility or Secure Care
- Residential Care Absconder Report Template

Glossary of Terms

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2. Failing this, try to discover their intended destination (this also applies when a child is on a supervised activity and leaves without permission) and engage in safety planning.

3. When the child has left and you cannot locate them, complete a final search, and call the child on their phone.

4. Record the child's absence in the *LogBook* – include the time the absence was noted, circumstances, actions taken, description of clothing worn, people notified, any followup required. Document possible options for the child's whereabouts.

5. Complete a risk assessment. If deemed high risk, report as an absconder and follow up with phone call to the Police (see high Risk Absconders as per the MOU).

6. After 30 minutes has lapsed and it is clear that the child has absconded, residential care workers must complete:

An At Risk Person Assessment CPFS Absconder Report (Absconder Report) including information that informs the risk assessment eg if the child has recently been hospitalised for suicidal ideation, is deemed a high risk to others in the community, is young aged 12 or under, is on curfew conditions, or has a history of sexual offending or problematic behaviour (see high risk absconder section below).

7. Attach the Absconder Report – PDF document to an email and send it to: PACProcessingSMail@police.wa.gov.au copying in the child's case manager, the case manager's care team Distribution List (DL) and the home's email DL. Request the child's care team provide any additional relevant information for inclusion in the absconder report to WAPOL.

8. If outside of business hours, phone and update Crisis Care.

9. Where the child has been classified as low risk, after 12 hours phone the Police District Incident Management Unit to inform them of the child's continuing absence.

10. Residential care workers must make all reasonable efforts to locate a child including but not limited to:

- attempt to contact child by phone or text each shift the child is absconded. If contact is made, encourage the child to engage in safety planning and keep communication open with the house, with a view to returning.

High risk absconders

In circumstances of high risk to the child, in addition to the steps above, residential care workers must lodge a missing person's report with WA Police and follow up by calling WA Police on 131 444 (Country Homes call 08 9351 0699) immediately to report the child missing.

High risk factors include where the child:

- is young (i.e. aged 12-years or younger) or otherwise particularly vulnerable (e.g. intellectually or developmentally vulnerable);
- may be, or is, suicidal or has a history of recent suicidal ideation or self-harming behaviour;
- is highly distressed and/or has mental health issues;
- may be affected by alcohol and/or other drugs;
- is sick, injured or reliant on medication;
- has stated intent to harm others;
- has a recent history of serious offending or stated the intent to commit a crime;
- is known to be in the company of someone of concern – for example, the person has a history of serious offending or inappropriate relationship with the child;
- is young or otherwise particularly vulnerable;
- is known to be in a situation where imminent harm may be possible (i.e. getting into a unapproved vehicle);

The WA Police officer on the phone will check that the report has been received and confirm this with the Residential Care Worker.

An automatically generated confirmation email including an Incident Report Number (IR number) will be emailed to the residential care home once the report has been processed.

Whilst a child considered high risk remains absconded, residential care staff must continue to actively attempt to identify the child's whereabouts (e.g. contacting person's on the child's contact list and safety network, other children in the house, approved social media etc).

If contact is made, record the location in the log-book, case notes, update the absconder report email and follow up with a phone call to WAPOL to confirm the information has been received.

Staff are to encourage the child to engage in safety planning and keep communication open with the house, with a view to returning.

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Returning to the residential care home

1. Residential Care Workers must make all reasonable efforts to return a child safely to the Residential Care Home. Where specific plans have been made with relevant Districts for returning children who are frequent absconders, consult and follow these plans.
2. Reasonable efforts should include staff collecting the child a safe location (e.g. approved or public and well-lit) when the child is a reasonable distance from the residential care home provided staff safety and capacity conditions are met. Use of a taxi may be considered as part of decision-making.
3. Determine whether the child has suffered any injury or harm and take any immediate action to address the child's needs. Residential care workers should attempt to make the child feel safe and secure and discuss any safety issues.

4. Record the time of the child's return to the Residential Care Home in the Log Book with any other information about the child's condition and whereabouts.
5. Notify the child's case manager (or member of the District care team) during business hours or Crisis Care Unit and the Police District Control Centre to inform them of the child's return immediately. Notify the Police Assistance Centre by phone on 131 444 and follow up by emailing the *Missing Person / Absconder Located Form* to: PACProcessingSMAIL@police.wa.gov.au.
6. At the appropriate time staff are to carry out a Life Space Interview with the child about their absence. This may include reviewing the child's self-care plan with them.
7. Residential care workers must try to determine the trigger for the child that led absconding, review the child's safety plan and make recommendations to update if needed.
8. Place all records in the child's Objective Residential Care placement file.

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6.13 Leaving a Residential Home Unattended

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Purpose

To provide residential care workers with clear procedures for leaving a residential home unattended.

Practice Requirements

- Residential care workers must secure the home and redirect phone lines to the mobile telephone that they will take with them so that the home continues to be contactable.

Procedures

- Prior to leaving a residential house unattended ensure the following steps are completed

Prior to leaving a residential house unattended ensure the following steps are completed

- Verify the whereabouts of all children.
- Secure all external doors and windows.
- Securely store petty cash, unused keys, and other valuables in the safe or a locked cabinet.
- Check (and store securely as appropriate) any equipment and toys that may have been left outside.
- Lock all doors and take the appropriate telephone.
- Turn off heating or air-conditioning units.
- Turn external lights on if vacating the premises or returning after dark.

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Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

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6.14 Transporting Children and Young People

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[Comments](#)

[✎ Edit Procedure](#)

[🖨 Print Page](#)

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Purpose

To inform residential care workers about the precaution required to maintain safety when transporting children in vehicles.

Practice Requirements

- Drivers must only transport passengers who are seated with an appropriately fastened seat belt or in an appropriately fastened child restraint.
- A child must never be left in a vehicle unsupervised.
- Residential care workers must not transport children in their personal vehicles unless there are no available Department vehicles, and they have prior written approval from the home's manager or Assistant Director. Refer Administration Manual entry *RiskCover insurance*.
- In the event of an accident, residential care staff must report the accident to the manager and complete the necessary Risk Cover forms as soon as practicable (access via link above).
- Residential care workers must have a current driver's licences in the required classes before they use the Department's vehicles. If a worker's licence status changes, for example, suspension, loss or disqualification, he or she must inform his or her manager at the earliest possible opportunity.

Procedures

- Procedures for transporting a child or young person

Procedures for transporting a child or young person

- Residential care workers considering transportation of children must consider the dynamics of the home – the child's inter-relationships, age, gender and known history (risk).
- If a child is deemed to pose a risk to staff or others, additional supervision is required and residential care workers must be present. A community meeting can be held prior to departure to openly discuss moods, feelings, expected behaviour and then a risk assessment and plan may be required.
- All people in the vehicle must be properly restrained in seat belts or an approved baby/child restraint. The driver is responsible for any traffic infringements received whilst transporting a child. Where the behaviour

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Resources

- Office of Road Safety
- Child Restraints

Related Administration Manual Entries

- RiskCover insurance

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of the child in the vehicle may have contributed to an infringement notice being issued the Manager must be advised as soon as possible.

- All transportation must be entered in the *Log Book* including the child's name, destination and time. Residential care workers must take a mobile phone with them and the number of the phone recorded in the *Log Book*.
- In the event of a child escalating, causing the driver to be distracted from safely driving, the vehicle must be pulled off the road as quickly as is safely possible and the incident dealt with before proceeding. Where the child does not de-escalate and becomes a safety issue to their self or others, the Police should be called and the child monitored until they arrive. Other children in the vehicle should be kept safe and out of harm by the residential care workers. Police intervention should always be the last option.

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6.15 Water Safety

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[Comments](#)

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Purpose

To provide residential care workers with guidelines for safe swimming and water practices.

Practice Requirements

- All residential care workers must adhere to the Department's procedures relating to water safety. Refer to *Practice Guidance - Swimming Pools and Other Bodies of Water*.
- Children must be directly supervised at all times when using a swimming pool, spa or other body of water; or when engaged in water activities.
- The safety of children is paramount. Residential care workers accompanying children on swimming activities must have the capacity to perform water safety rescue or the ability to swim where there are no life savers present.
- For inexperienced and very young swimmers, a carer must be within arms-reach of the child and maintain sight of the child at all times.

Procedures

- Water Safety Considerations

Water Safety Considerations

Residential care workers must be aware of the potential dangers involved in water activities and be mindful that a child in the CEO's care may not have had the same opportunities as other children to learn water safety and swimming skills.

Each child's swimming ability must be checked (refer to the child's Residential Care Plan) before a child participates in water activities as the age of the child is not a guide to their knowledge of water safety or capacity to swim.

If residential care workers plan swimming activities at the beach they must take the necessary precautions. If there are flags, swim between the flags and follow directions given by surf life savers.

Pools onsite at residential homes must display relevant water safety and CPR signage. Additionally, children must be supervised at all times. Residential care workers supervising children must have the capacity to perform a water safety rescue or be able to swim.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Resources

- Royal Life Saving - Key Facts
- Practice Guidance - Swimming Pools and Other Bodies of Water

Related Entries

- 4.1 Residential Care Plans

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- Senior Practice Development Officer - Country Services (006139)



6.16 Contact with Animals

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Purpose

To encourage appropriate, safe and managed interactions with animals in the home and community.

Practice Requirements

- Residential care workers must educate children on the importance of appropriate behaviour around animals.
- Children must be encouraged to treat animals with respect and residential care workers should model appropriate behaviour when interacting with animals.
- Residential care workers must plan activities about animal awareness, safety and empathy before any children have contact with animals.

Procedures

- Contact with animals considerations

Contact with animals considerations

Interaction with animals may provide therapeutic benefit to some children, supporting emotional regulation and the processing of loss and grief. This interaction must be planned.

A number of residential care homes are located in semi-rural areas on large 'bush' blocks. Adjacent properties and neighbours may have a number of domesticated animals and pets, and native animals may also be present.

Children's contact with these animals must be assessed and managed by staff. Consideration needs to be made for the following risk factors:

- Children's health – Will the child have an allergic reaction or fear reaction? Is there a previous trauma and history?
- Any known previous harm to animals.
- Neighbourhood awareness - Neighbours may have animals and it may be necessary to meet with them to discuss their animals.
- Injury liability – Could there be any legal or financial ramifications if either a child, workers or the neighbourhood animals are harmed during any activities? Managers must assess the risks and plan for this through a safety plan. For planned activities, services must have public liability insurance.
- Native fauna - where possible, any activity with native wildlife should also be planned for and a safety plan completed. In the event of unplanned

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Forms

- Residential Care Safety Plan Template

Related Resources

- RSPCA Western Australia
- Local government council directory
- Snake Catchers

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interaction, staff must follow emergency and safety procedures as required.
Where there is a continuing risk, for example, a snake on the premises,
contact a local snake catcher via the local government council.

Where residential care workers bring their own animals to a home to interact with the children, the care team should plan and manage the event, taking into account the risk factors listed above.

Residential care workers may contact other organisations to plan for children's contact with animals for example, for horse-riding or working with the RSPCA.

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6.17 Smoking

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Purpose

Smoking is a serious health issue, especially for children. The aim is to establish and maintain a smoke-free environment and for all residential care workers to assist in achieving this goal.

Practice Requirements

- Smoking inside buildings and vehicles is prohibited and should be restricted to a supervised, designated outdoor area for children (but not in a bush area where there is a higher fire danger).
- Residential care workers who smoke must not smoke in front of, or with, children who smoke.
- Residential care workers must actively discourage children from smoking via a smoking reduction / quit program in consultation with the child's caseworker.
- Residential care workers must not give, buy for, or sell tobacco or tobacco products to children in residential care.
- Tobacco products must not be used as a form of reward or punishment by workers in their dealings with children. No contract of behaviour may be drawn up which features tobacco products as a reward or inducement, or withholding tobacco products as punishment.
- Residential care workers must not assist children to obtain tobacco products by driving them to the store (so called bumper runs).
- Residential care workers must actively advise children of the risks and negative impact of smoking in community and resident meetings, and at any other opportunity. Residential care workers must not leave the residential care home to smoke.

Contacts

- www.quitwa.com; or on 13 78 48 (13 QUIT) - which operates 24 hours per day
- www.heartfoundation.org.au or contact 1300 36 27 87.

Procedures

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Resources

- Quit WA
- Heart Foundation
- OxyGen
- Quit Now
- Smarter than Smoking
- Cancer Council - Smoking and Tobacco

Related Administration Manual Entries

- Smoking in the workplace

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- [Overview](#)

Overview

Managers and residential care workers must provide information on the risks of smoking and illnesses related to smoking either through literature and/or internet information from a reputable source (refer to related resources). Residential care workers should record their attempts to discourage children from smoking in the Log Book.

The Department has the same expectation of all children regardless of age, but does not want children who smoke to leave because of its restrictions on smoking.

Managers must actively monitor residential care workers' smoking and their adherence to the Department's *Smoking in the Workplace Policy*. Failure to comply with this policy could eventually result in disciplinary action being taken. The *Smoking in the Workplace Policy* and smoking related issues should form an active component of workers meetings.

When new workers are recruited, they must be informed that the Department's residential care services have a smoke-free policy.

Residential care workers who smoke must always be professional, while also being honest and genuine, in their interactions with children about smoking.

Department workers are responsible for not bringing the Department into disrepute. Workers must not be observed by members of the community smoking at an inappropriate venue, such as across the road from homes and in bus stops. There is also a potential for a greater risk of fire in the community when workers are smoking in an inappropriate place.

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6.18 Visitors

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[Comments](#)[✎ Edit Procedure](#)[🖨 Print Page](#)[🔖 Bookmark This Page](#)

Purpose

To minimise the potential disruption to the home and community arising from people entering the property without permission or with no proper cause to be at the home.

Practice Requirements

- All visitors to the home must be recorded in the *Log Book* (for example, maintenance personnel, gardeners, cleaners, other department staff, parents, etc.).
- If a person enters the property without permission, or without good cause, Department officers must politely but firmly ask him or her to leave. Residential care workers may need to accompany the unwelcome visitor off the property.
- If a person refuses to follow the direction to leave, or remains outside the property creating a disturbance, workers must call the Police to request that they be moved on.
- Department workers may consider moving the children present to another area of the home or property to isolate the uninvited guest. However, residential care workers must be mindful not to engage in any activity that may further inflame the situation.
- Residential care workers must use therapeutic practices to avoid escalating the situation further.
- Details of the incident and the name of the uninvited guest (if known) must be recorded in the *Log Book*.

Procedures

- Considerations and approvals required for visitors to the home

Considerations and approvals required for visitors to the home

All children have a right to feel safe and this should not be compromised by others entering or visiting the home without permission or good cause to be there.

When a child requests to have a visitor the manager must consider and approve in consultation with the child's case manager.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Glossary of Terms

- Glossary of Terms

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- Senior Practice Development Officer - Country Services (006139)

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6.19 Prevention and control of communicable diseases

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Purpose

To inform residential care workers about strategies to identify, assess and control communicable and infectious diseases to minimise the risk of spread of infections.

Practice Requirements

- Due to the nature of the work staff may become exposed to a range of communicable diseases.
- Communicable diseases have the potential to spread readily and quickly in residential care home settings, as people live in close proximity, there are high levels of contact with workers and children, facilities may be shared, and children may have trauma histories that impact on hygiene.
- The types of communicable diseases to which staff may be exposed can include:

Blood-borne Diseases such as *Acquired Immunodeficiency Syndrome (AIDS), Human immunodeficiency virus (HIV), Hepatitis B, Hepatitis C and A.

Respiratory Diseases such as colds, Influenza, Bronchitis, Tuberculosis, Croup, Whooping Cough

Skin, Viral and Bacterial Diseases such as Measles/Shingles, Cold Sores/Herpes zoster, Scabies, Ringworm, Head lice, Chickenpox, Thrush, Warts, Conjunctivitis

Gastrointestinal Diseases such as Gastroenteritis, Giardiasis, Salmonella, Worms, Rotavirus, Campylobacter

- Successful infection prevention and control in residential care homes involves implementing work practices that prevent the transmission of infectious agents and managing infections when they occur, this is achieved through a two tiered approach:

Universal precautions: routinely applying basic infection prevention and control practices eg hand hygiene, use of personal protective equipment when cleaning bodily fluids, cleaning and disinfection of reusable equipment and the environment.

Transmission based precautions: controlling infection by interrupting the mode of transmission, where standard precautions may not be sufficient. This includes adoption of contact, droplet and airborne transmission-based precautions eg teaching children respiratory hygiene and cough etiquette.

Related Resources

Departmental Frameworks

- Service 1 – Residential Care (Sanctuary) Framework 2012

Related Resources

- Universal Precautions
- HIV and Hepatitis Information Sheet
- Communicable disease guidelines Department of Health (2016)
- Gastroenteritis Fact Sheet Department of Health
- Hand Hygiene Australia
- Head Lice Fact Sheet Department of Health
- Scabies Fact Sheet Department of Health
- Department for Child Protection and Family Support Communicable Diseases Policy
- National Code of Practice for the Control of Work-related Exposure to Hepatitis and HIV (Blood-borne) Viruses [NOHSC:2010(2003)]

Glossary of Terms

- Glossary of Terms

Custodian Details

- Senior Practice Development Officer - Country Services (006139)

Procedures

Staff and children should follow the following prevention and control practices:

- Hand washing with soap and water for at least 15 seconds before preparing or eating food, after using the toilet, after blowing nose with a tissue and after any contamination of the hands with body fluids such as blood and vomit.
- Effective cleaning with detergent and water, followed by rinsing and drying to remove germs from environmental surfaces.
- Protection of damaged skin by covering with a waterproof dressing or by gloves.
- Use of appropriate cleaning tools and use of protective personal equipment (gloves) should be easily accessible to clean up spills immediately, to prevent aerosol spread of viruses and bacteria.
- If a child has a suspected communicable disease they should be examined by a medical professional and appropriate treatment followed.
- All house staff, the Assistant Director and the Case Manager should be notified by email about a highly infectious communicable disease and the following information:
 - Method of transmission
 - Incubation period
 - Infectious period
 - Exclusion period
 - Treatment plan.
- The child who has a diagnosed highly infectious communicable disease will need to be excluded from activities outside of the house for the recommended exclusion period.
- If school or other activities require a medical clearance before returning, the child will need to be reviewed by a medical professional.
- If a staff member has a confirmed communicable disease they will be required to advise the house manager of the requirement to be absent from work.

Bio Hazard (Sharps) Container

Bio Hazards containers are not part of day to day household item within the homes. Should the use of a biohazard container be necessary on a specific purpose basis, this can occur following:

- discussion with and the endorsement of senior management
- ensuring staff are appropriately trained in their use, as per bio hazard/infectious disease control procedures. (Please refer to in attached tools)