DEPARTMENT FOR CHILD PROTECTION

KATH FRENCH SECURE CARE CENTRE

PRACTICE GUIDELINES

14 JUNE 2011

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CHAPTER 1 OVERVIEW

The Department for Child Protection (the Department) has the lead role in child protection and the provision of social services in relation to children and young people in care. The Department undertakes a comprehensive assessment of concerns relating to the protection and safety of children and young people and takes appropriate, high level, protective action where required.

A small but increasing proportion of children and young people in the care of the Chief Executive Officer (CEO) of the Department present as a high risk to themselves and/or others from time to time and require immediate stabilisation, assessment and support.

The Department's secure care practice model is consistent with recognised therapeutic models of intervention, involving admission to a secure facility to stabilise the young person and keep them safe while developing a suitable plan to address their needs in readiness for their return to the community.

1. CONCEPTUAL AND OPERATIONAL FRAMEWORK

Purpose:
All secure care staff will provide quality care and supervision in accordance with the Residential Care Conceptual and Operational Framework.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Therapeutic residential care focuses on creating and sustaining care environments capable of healing the traumatic impact of abuse and neglect and the disrupted attachment that ensues. It is an environment that is healing for the child/ young person and safe for the child/ young person and staff.

The Conceptual and Operational Framework provides the therapeutic platform from which the Department manages and operates its residential care service. It provides the framework for meeting the individual safety, emotional and developmental needs of children and young people in residential care. There are two parts to the Conceptual and Operational Framework:

The System Evaluation Framework
The System Evaluation Framework allows staff to deal with problems that arise within a treatment setting, between staff, amongst staff and between staff and administration/ management. It is predicated on the question *"Are We Safe?"*

The S E L F Framework is a trauma informed tool incorporated in the Sanctuary Model that assists staff and child/ young person to move through four critical stages of recovery.
These stages are:

Safety - helping child/ young person to attain safety in self, relationships with others, and the environment

Emotions - helping child/ young person to identify different levels of affect and to adjust emotional responses to memories, persons and events

Loss - helping child/ young person to recognise feeling grief, cope with personal losses, and confront resistance to change

Future - helping child/ young person to practice new roles and ways of relating and behaving as a "survivor" of trauma

The Differences that make a Difference [1]

Secure care success is dependent on secure care officers and secure care professional approach to engaging the child or young person in a therapeutic manner in all program areas.

Secure care's therapeutic approach seeks to make a difference to the child/ young person in its care by:

1. Listening and responding with respect to the child/ young person to help them develop a sense of dignity, a sense of being valued as persons, a sense of self-worth.
2. Communicating a framework for understanding with the child/ young person to help them develop a sense of meaning and a sense of the rationality within daily life.
3. Building rapport and relationships with the child/ young person to help them develop a sense of belonging and connectedness with others.
4. Establishing structure, routine, and expectations with the child/ young person to help them develop a sense of order and predictability in the world, as well as a sense of trust in the reliability of others.
5. Inspiring commitment in the child/ young person to encourage them to develop a sense of value, loyalty, and continuity.
6. Offering the child/ young person emotional and developmental support to help them develop a sense of caring and mastery.
7. Challenging the thinking and actions of the child/ young person to help them develop a sense of potential and capability.
8. Sharing power and decision-making with the child/ young person to encourage them to develop a sense of personal power and discernment.
9. Respecting the personal space and time of the child/ young person to help them develop a sense of independence.
10. Discovering and uncovering the potential of the child/ young person to help them develop a sense of hope and opportunity.
11. Providing resources to the child/ young person to help them develop a sense of gratitude and generosity.

2. STANDARDS, VISION, CULTURE, PRINCIPLES AND VALUES

Purpose:

To outline the therapeutic principles and values which underpin secure care's approach to working with children and young people. The following standards, vision, culture, principles and values underpin the Department's secure care approach to therapeutic care.

Standards

Better Care Better Services - Standards for Children or Young People in Protection and Care

[1] . Dr. James Anglin (2004) School of the child/ young person and Youth Care, University of Victoria, Canada Page 5

Vision
To create a safe, caring and nurturing environment for all children, young people and staff, which values diversity and strives to meet the developmental, emotional and cultural needs of each child/ young person.

Culture
The Department's aim is to operate a Secure Care Centre that has as its culture seven dominant characteristics, all of which serve as goals directly related to resolving trauma. The Department's residential care programs, including secure care, strive to build a:

1. Culture of non-violence - building safety skills
2. Culture of emotional intelligence - helping to teach self-management skills
3. Culture of inquiry and social learning - building cognitive skills
4. Culture of shared ownership - helping to develop skills of self-control, self-discipline and an administration of healthy authority
5. Culture of open communication - helping to overcome barriers to healthy communication, reduce acting-out, improve self-protection and self-correcting skills, and teach healthy boundaries
6. Culture of social responsibility - to rebuild social connections and establish healthy attachment relationships
7. Culture of growth and change - to restore hope, meaning, purpose and empower positive change

We know that these goals have been achieved when:

1. Non-violence is the established social norm of secure care instead of accepting and expecting that violence will occur.
2. Children and young people in secure care are continuously encouraged to share the responsibility of maintaining a safe environment and their aggressive behaviour is no longer viewed as a sign that they cannot be trusted.
3. Secure care staff recognise and respond appropriately to negative feelings, attitudes and behaviour and resistance to positive change.
4. Secure care as a whole focuses on enhancing healthy empowerment, social functioning and social immunity towards violence for children/ young people in care.

(Adapted from: Dr. James Anglin (2004) School of Child/ young person and Youth Care, University of Victoria, Canada)

Principles

1. To view children and young people who have experienced trauma as injured rather than 'bad' or 'sick'.
2. To stabilise and commence the healing of injuries sustained from abuse and neglect.
3. To integrate differing approaches to care including the individual, group, environment/ community, family, medical and mental health.
4. To focus on the safety and security of all involved.
5. To involve children and young people in the Secure Care Initial Planning Meeting, including their plans for transition and exit, and assist them to participate in all decision-making processes so as to best meet their needs.
6. To assist the young person in developing a safety plan for his or her successful return to a community placement.

The *Children and Community Services Act 2004* requires the Department to uphold a number of principles, including the principle of child participation under section 10.

Section 10 - Principle of child participation

(1) If a decision under this Act is likely to have a significant impact on a child's life then, for the purpose of ensuring that the child is able to participate in the decision-making process, the child should be given –

(a) adequate information, in a manner and language that the child can understand, about

(i) the decision to be made;

(ii) the reasons for the Department's involvement;

(iii) the ways in which the child can participate in the decision-making process; and

(iv) any relevant complaint or review procedures;

(b) the opportunity to express the child's wishes and views freely, according to the child's abilities;

(c) any assistance that is necessary for the child to express those wishes and views;

(d) adequate information as to how the child's wishes and views will be recorded and taken into account;

(e) adequate information about the decision made and a full explanation of the reasons for the decision; and

(f) an opportunity to respond to the decision made.

(2) In the application of the principle set out in subsection (1), due regard must be had to the age and level of understanding of the child concerned.

(3) Decisions under this Act that are likely to have a significant impact on a child's life include but are not limited to

(a) decisions about placement arrangements or secure care arrangements in respect of the child: and

(b) decisions in the course of preparing, modifying or reviewing care plans or provisional care plans for the child; and

(c) decisions about the provision of social services to the child; and

(d) decisions about contact with the child's parents, siblings and other relatives and with any other people who are significant in the child's life.

*(4) In subsection (3)(b)**care plan** has the meaning given to that term in section 89(1); **provisional care plan** has the meaning given to that term in section 39(1).*

Secure care staff members are responsible for ensuring the child or young person is able to participate in decisions that are likely to have a significant impact on their life.

We Value:

Respect - for the child/young person in our care, each other and our partners. This underpins how we work.

Openness - our policies and processes are open and transparent for clients and partners and help to keep us accountable.

Team work - effective work with children/young people, families and communities requires great team work, in a supportive workplace, and collaboration with partner agencies and communities.

Responsiveness - we are responsive to the needs of children, young people, families and communities and will do our best to provide or facilitate an appropriate service response.

3. ABORIGINAL CHILDREN AND CHILDREN FROM A CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUND (CALD)

Purpose:
To ensure that secure care staff are aware of the principles, requirements and cultural considerations which are applied when providing care for Aboriginal children and young people and children and young people of culturally and linguistically diverse (CaLD) backgrounds.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
When making a secure care referral for a secure care arrangement for a child/ young person, District staff must regard the best interests of the child/ young person as the paramount consideration.

Consultation with an Aboriginal Practice Leader is to be sought where a secure care arrangement is being considered for an Aboriginal child or young person. Consultation is to occur with an Aboriginal Practice Leader from another District, if the District's Aboriginal Practice Leader is not available.

A secure care arrangement for an Aboriginal child/ young person requires sensitivity to the needs and participation of the child/ young person in promoting an ongoing affiliation with their culture and, where possible, their family and significant others.

The same practice assumptions hold when a decision is made to place a child/ young person, or provide a secure care arrangement for a child/ young person, from a CaLD background (advice may be sought from one of the Departments Senior Advisors Cultural Diversity or other relevant CaLD officer).

Secure care staff must be aware of the cultural needs of children and young people in secure care and do all that is practical to implement their cultural plans.

Related Resources
departmental child/ young person placement principle
athttp://dcpsharepoint/DCP%20Document%20Library/CaLD%20Fact%20Sheet.doc
http://www.immi.gov.au/living-in-australia/settle-in-australia/find-help/)
http://www.omi.wa.gov.au
http://www.islam.iinet.net.au/

Procedures
Secure care therapeutic intervention is underpinned by legislative principles, departmental practice requirements and cultural considerations which must be applied when providing care for a child or young person being admitted to secure care under a secure care arrangement.

Additional considerations for secure care staff when caring for a CaLD child or young person

Use appropriate communication and interviewing strategies:

- In general, where English proficiency is limited, engage an interpreter from the same ethnic, religious and gender background as the child/ young person. Contact the Senior Adviser Cultural Diversity for information on translating and interpreting services in WA.
- On some occasions, the child/ young person may not want the engagement of 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.
- Use simple terminology.
- Be mindful of diverse attitudes towards personal space and touching, diverse meanings to hand/facial gestures, voice intonation and eye contact.

Know the sources of relevant cultural, religious and migration information. Secure care staff seeking more information should:

- refrain from direct consultation with community groups and organisations from the same cultural or ethnic background unless you have the prior consent of the child/ young person/young person, Senior Adviser Cultural Diversity or Case Manager. There may be unintended consequences of such consultations.
- contact the Department's Senior Adviser Cultural Diversity and refer to the on-line Fact Sheet.
- contact Professional Services funded by the Department of Immigration and Citizenship.
- check relevant websites such as that of the Office of Multicultural Interests and Islam Australia Network.

Respond to the immediate and/or special requirements of the child or young person arising from cultural and/or religious observances with which the Department should comply. Secure care staff should elicit whether, and/or respond where, the child or young person has:

- religious observances (for example, access to prayer mat and ablutions area for prayer; periods of fasting);
- dietary requirements (for example, provision of halal foods);
- cultural obligations (for example, attendance at funerals); and/or
- dress observances, including checking the appropriateness of asking the child or young person to wear second-hand clothing.

Report to the 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 or young person. These may include:

- sleeping problems, including nightmares;
- headaches, stomach problems or rashes;
- anger, irritability or confusion; and/or
- depression, and not being able to see a future for themselves.

CHAPTER 2 EMERGENCY MANAGEMENT

4. DURESS ALARMS (Secure Care)

Purpose:
To provide guidance as to when a Duress Alarm should be used, such as in the event of serious and dangerous situations when normal telephone operation is not practical and an urgent and immediate response is required.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
All secure care staff and visitors are to carry a Duress Alarm with them at all times, to ensure their safety and the safety of other staff, children and young people in the Secure Care Centre.

Related Resources
PDF Doc DCP Duress – Generic System Specifications

Procedures

Duress Alarms

Secure care's Emergency Alarm System is referred to as the **Staff Integrated Wireless Security System (SIWSS).**

The SIWISS, a multi-purpose duress system, has been installed into secure care. As part of their orientation into secure care, all staff members are required to be fully aware of its operation.

The **1W Ascom staff security solution** provides a flexible, feature rich, highly resilient platform on which secure care manages staff safety and communication concerns at the Kath French Secure Care Centre. It provides very accurate location in the event of a Duress activation, both internally and externally. It can also detect and log movement of staff into pre-determined areas to give an auditable record of staff attendance in these areas. . .

Ascom WiFI i175 Duress Phone Handset 175 (the Handset)
The Handset, with the "man down" license, is provided to all Secure Care Officers and Senior Secure Care Officers.

These handsets are charged and stored in the charging rack in the Duty Office, ready for staff upon commencing their shift.

The **Handset** will provide the following:

- Accurate location anywhere on site, and in external areas, rather than just in the areas targeted by locators – WiFi can accurately locate a person carrying either a tag or phone based unit. This triangulation is accurate to three metres internally or externally.

- Flexibility in zoning the site – WiFi allows "Geo-Fence" specific areas at the site (eg. bedrooms or the corridor leading to bedrooms). It will detect and log when staff

enter these areas, enabling the Department to audit staff patrols / checks on children and young people.

- The option to mix and match phones and tags on the system - some staff or visitors may not require phone or "man down" functionality, but a simple push button and pull-cord activated unit. WiFi will provide this by way of a security tag-sized duress unit which can be worn around the neck or clipped to clothing. It offers all the Geo-Fencing capabilities of the Handset.
- The ability to initiate a group response to an incident - alerting staff to the incident via a message on the handset showing the person's location and type of alarm raised, as well as putting the response team into an open channel group call so they can co-ordinate their response verbally, as a group.
- The ability for colleagues to accept an alarm on their handset/pc, upon which the person that initiated the alarm will be made aware. This occurs via a vibrate text response indicating that somebody has accepted their alarm and is responding, giving them peace of mind that the system is working and help is on its way.
- The ability to covertly monitor an incident upon activation of a Duress alarm - when an alarm is activated the unit can automatically dial into the response group with its microphone open (but with the speaker muted), so that the response group can listen-in to the incident in real time and assess how best to respond.

Duress Ekahau Tag (Duress Tag)
In addition to the ten Handsets, there are ten Ekahau Tags which are mini-duress alarms specifically for management staff, visitors and teachers.

The Duress Tag will operate to all the "geo-fencing" parameters that the Handset does, and so can indicate and log a person's presence in a given area. The Duress Tag will also indicate a person's location when activated via push button or pull cord.

Instructions

- It is vital that all staff alarm systems have a name recorded against the alarm before it is handed out.
- Staff must ensure that all Handsets or Duress Tags are returned when they have completed their shift or day's work. Secure staff must ensure all visitors sign-in and out of secure care and return the alarm to the storage unit in the duty office.

Detailed operating instructions for use of the Integrated Wireless and Ascom system are located in the Duty Office.

Secure care staff members are to test the wireless Handsets and Duress Tags weekly. The testing process is automated, in-built into the hand set.

The alarm should be used in the event of serious and dangerous situations 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, Handsets and Tags are to be taken freshly charged from the charging rack. Staff should carry the alarm on their person at all times on shift, unless doing an activity where another Secure Care Officer is observing the full activity and carrying a Handset.

Failure to do so could lead to a workers' compensation claim being refused if it is deemed the incident was foreseeable and staff did not take reasonable steps to protect themselves.

In an emergency:

- All DURAsuite modules can be managed through one single password protected portal to provide easy access and training for staff.
- DURAmanager is part of the DURAsuite range; this module manages message grouping, redirection and escalation.
- DURAmanager works with any other message based modules and/or hardware.

DURAaIarm Enables LAN/WAN users with a web browser to view in real time, via text and graphical information, all alarms from wireless duress handhelds, wired duress buttons and management systems. All alarms can be sent simultaneously to handheld devices so that emergency response team members are instantly notified of crisis situations. All alarms are date/time stamped and logged.

If the alarm is activated in error:

1. Advise the control room that the alarm was accidentally activated.
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 Dura Suite Ensure computer Log which, time and date stamps all alarms and messages dispatched by any DURAsuite application and system events for management reporting purposes.

If mains power fails:

If the mains power fails, secure care has an immediate switch over to the "Uninterrupted Power Source" (UPS) and then to a back-up generator. This security power source is designed to maintain a smooth transition from one power system to another without the security system including the computer systems spiking and crashing leading to a failing system that would require possible evacuation of the secure care site.

DURAtest (Included) Enables LAN/WAN (to be completed weekly):

The ability to test handsets and record the tests is in-built to the handset, so there is a clear record that the system and its handsets are functional. This also encourages staff to become familiar with the unit's activation types.

DURAtest (Included) Enables LAN/WAN connected PC's to be used to regularly test duress handheld devices so that staff can confidently go about their business knowing that their Duress unit works. It also gives staff the confidence that they know how to use the unit in times of stress or panic. All testing is time stamped and logged for reporting and analysis purposes.

5. EMERGENCY MANAGEMENT & EVACUATION

Purpose:

To prepare for and reduce/eliminate the risk of emergencies/critical incidents by ensuring that risk assessment activities and prevention/planning measures are carried out on a regular basis and that accurate records are maintained. That in case of an emergency, clearly documented and understood procedures are followed to ensure that all children/young people and staff are made safe, are accounted for and that normal activities are returned to as soon as practicable.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care
http://dcpnet/Human+Resources/OccupationalHealthAndSafety/

Practice Requirements
The Department has responsibility to provide for the safety of the staff and residents in its Secure Care Centre. This extends to ensuring that fire systems are properly maintained, safety procedures are in place and that staff are aware of their safety responsibilities in case of fire, flood or other natural disaster.

The Fire Management Plan has been developed so that the Department can appropriately manage the risk of fire and provide for the safety of staff, residents and the local community.
(Note: see attached Fire Management Plan)

Senior Secure Care Officers are responsible for ensuring that all emergency prevention/planning strategies are completed, procedures are followed and records are accurately maintained.

Secure care staff members are all responsible for maintaining the safety of the Centre and grounds to minimise the risk of critical incidents, fire or other emergencies.

Secure care safety and health representatives are responsible for workplace inspections, accident/incident investigation, liaising with managers and employees regarding safety, conducting evacuation drills, inducting new staff on emergency management, maintaining the emergency file and representing employees in safety matters.

A list of Safety and Health Representatives can be found on DCPnet:
http://dcpnet/Human+Resources/OccupationalHealthAndSafety/SafetyHealthReps.htm

It is the responsibility of Senior Manager Secure Care and staff to work with DCP's Assets Management team to maintain the property (including land/gardens) in good working order and to ensure that fire prevention strategies are carried out in a timely manner.

In the event of an emergency, the main priority is to ensure the safety of children/young people and staff. Senior Secure Care Officers are responsible for the management of emergencies and critical incidents. Emergency management procedures are designed to assist staff to respond in ways that promote safe outcomes.

Related Resources
Insert:
Workplace Inspection Checklist
Summer Fire Prevention Strategies Checklist
Evacuation Drill Record
Emergency Contacts
Fire Management Plan

Procedures: prevention/planning
Regular risk assessments and prevention/planning measures are to be carried out and accurate records maintained.

Emergency File
An Emergency File is to be located in the staff office, readily accessible to all staff and maintained with up-to-date records including the following:

- List of Emergency contacts
- List of staff contact numbers
- Instructions regarding emergency equipment
- Fire Management Plan
- Evacuation Plan
- Completed Workplace Inspection Checklists
- Completed Summer Fire Prevention Strategies Checklists
- Completed Evacuation Drill records

List of Emergency Contacts
A list of emergency contacts is to be clearly displayed inside the front cover of the Emergency File. The list must include the mobile numbers of the Senior Manager and Director Secure Care; ambulance/police/fire; local police station; Mental Health Emergency Response Line; Poison Information and Help; and other relevant services.

List of staff contact numbers
A list of staff contact details including mobile **and home** telephone numbers is to be clearly displayed inside the front cover of the Emergency File. The list must be regularly updated to include the contact details of new staff and regular casual staff.

Instructions regarding emergency equipment
Secure Care Fire Instructions regarding the use of emergency equipment is clearly displayed in the Emergency File (e.g. activating a back-up generator).

Fire Management Plan
A Fire Management Plan is to be clearly displayed in the Emergency File - refer to Chapter 6.

Evacuation Plan
An evacuation plan is to be clearly displayed in the Emergency File. The plan must clearly outline actions for staff, residents and visitors to follow in the event of an emergency that requires the premises to be vacated; and a site plan indicating exits, location of emergency equipment, main power/water controls and assembly area.

Workplace Inspections
A workplace inspection is to be conducted on a monthly basis by a Safety and Health Representative, Senior Manager Secure Care or designated staff member. The relevant Workplace Inspection Checklist is to be completed and signed by relevant parties. A copy of the completed Checklist is to be forwarded to the Director Secure Care and to the Department's Occupational Safety and Health team. The original copy is to be filed in the Emergency File.

It is the responsibility of the Safety and Health Representative, Senior Manager Secure Care and staff to carry out any actions required that are identified as part of the workplace inspection, as soon as practicable. This may include initiating contact with the Department's Assets Management team or others, in order to complete actions. The date that actions are completed is to be recorded on the Workplace Inspection Checklist.

Summer Fire Prevention Strategies
Fire prevention strategies are to be carried out during the spring season (prior to the start of summer) on an annual basis. The Safety and Health Representatives, Senior Manager Secure Care and staff are to work with the DCP Assets Management team to complete all fire prevention strategies.

Homes located on larger blocks are required to have an annual FESA review completed by 1st October. It is the responsibility of the Senior Manager Secure Care to work with DCP's Assets Management to ensure that the FESA review is conducted and that all recommendations are completed by December 1st.

A Fire Prevention Strategies Checklist is to be completed and signed by relevant parties. A copy of the completed Checklist is to be forwarded to the Director Secure Care by December 1st. The original copy is to be filed in the Emergency File.

A mid-summer review is to be conducted during the month of January. This must include reviewing all tasks on the Summer Fire Prevention Strategies Checklist, documenting actions required and ensuring actions are completed by January 31st. The mid-summer review is to be completed and signed by relevant parties. A copy of the completed review is to be forwarded to the Director Secure Care by December 1st. The original copy is to be filed in the Emergency File.

6. FIRE MANAGEMENT

All staff are required to be aware of the facility lay-out and the Evacuation and Emergency Procedures.

The Fire and Emergency Procedures will be located in the Operation Office, outlining all emergency procedures. All staff will be required to practice learning drills on a monthly basis, conducted internally and quarterly by an external private agency.

Fire/Evacuation Drills

Evacuation drills (to the assembly area), involving staff and residents, must be conducted on a monthly basis by staff. The relevant evacuation drill record is to be completed and signed by relevant parties and a copy is to be filed in the Emergency File.

Procedures in the event of an emergency

The Senior Manager Secure Care and the Senior Secure Care Officer are responsible for the management of emergencies and critical incidents during work hours. After hours, the Senior Secure Care Officer is responsible for the management of emergencies and critical incidents in consultation with the secure care on-call senior staff (Director or Senior Manager, Secure Care). The intention is to minimise injury, trauma and distress to residents and staff, damage to property, and to ensure that normal living and care arrangements are maintained or resumed.

1. **A Response** may include:
    - evacuation or the movement of people from a threatened area to a place of safety. This involves all persons vacating the premises and gathering at the designated assembly point. A staff member will be identified as responsible for taking the following items to the assembly point: Grab and Go Container, master keys, emergency kit, mobile phone and first aid kit.
    - closure of secure care, in which case the Senior Secure Care Officer or delegate will notify the Director or Senior Manager Secure Care, or his or her nominated delegate, prior to any order being made to temporarily close the premises.

Following an emergency or critical incident, the Senior Manager Secure Care will:

- immediately report any emergency or critical incident to the Director or Senior Manager Secure Care, in or after hours;

- submit a written report to the Director or Senior Manager Secure Care, as soon as is reasonably possible.

2. Other **Recovery measures**, which support emergency or critical-incident affected children or young people and their care communities in the reconstruction of the physical infrastructure and the restoration of emotional, environmental and physical wellbeing.

   For example, following an emergency or critical incident, the Senior Manager Secure Care (in hours) or the Senior Secure Care Officer (out of hours) will:

   - take appropriate actions to return the house/ property to normal;
   - develop and implement medium to long-term strategies in conjunction with specialist support staff to identify and manage the ongoing social and psychological needs of those affected; and
   - modify specific procedures of the plan as determined by the operational debriefing.

3. **Review** of emergencies and critical incidents - The Senior Manager Secure Care (in hours) or the Senior Secure Care Officer (out of hours) will:

   - organise an operational debriefing, as appropriate, to evaluate the implementation and effectiveness of the Emergency Management Plan; and
   - maintain documentation associated with the management of the emergency or critical incident.

Fire Management Plan

The Department has a responsibility to provide for the safety of the staff and residents in its Residential Group Homes. This extends to ensuring that fire systems are properly maintained, safety procedures are in place and that staff are aware of their fire safety responsibilities.

The Fire Management Plan has been developed so that the Department can appropriately manage the risk of fire and provide for the safety of staff, residents and local community.

Purpose of the Fire Management Plan

This document has been developed to provide secure care staff with an understanding of fire policies and procedures; and information on how the Department manages fire risks.

The document should be updated whenever is necessary (e.g. following an incident of significant impact on the organisation's day to day operation.)

Objectives of the Fire Management Plan

There are three main objectives of the Fire Management Plan:

1. To ensure a comprehensive fire risk management process is applied in secure care.
2. To ensure a high level of safety for staff, children and community.
3. To ensure that fire safety problems that arise are quickly and effectively contained and resolved with minimum damage to people, property and community.

Organisational Responsibilities

Position/area	Responsibility
Director Secure Care Senior Manager Secure Care	Oversee compliance with the Fire Management Plan
Senior Secure Care Officers	Ensure fire safety inspections and risk

	assessments are conducted within time-frames; and that documentation is accurately completed and records are maintained. Ensure staff and residents familiarity with procedures and application of procedures.
Assets Management	Ensure property reviews and maintenance actions are completed in a timely manner according to relevant procedures.
All Secure care staff	Ensure familiarity with the Fire Management Plan and related procedures; and apply procedures to address risks and respond appropriately in the event of an emergency. Identify risks and report to the Senior Secure Care Officers and Senior Manager Secure Care in a timely manner.

Risk Management Register and Strategies

RISK AREA: Fire					
Risk Factors	**Risk Likeli hood**	**Risk Cons equ- ence**	**Prior ity**	**Risk Management Strategies**	**Responsibility**
Fire starting due to location of residence on a semi-rural block with surrounding bushland	4	1	1	Supply fire safety equipment to Secure Care Centre Regularly review of equipment and repair/replace/reloc ate as required and or as directed. Maintain Secure Care fire and emergency evacuation equipment in good working order Faults to be reported and repaired in a timely manner Conduct regular inspections and risk assessments including:	Senior Manager Secure Care Director Assets Management

				Complete an annual FESA review by Sept 1st Implement all FESA recommendations and summer fire prevention strategies by December 1st annually Fire prevention actions to include: • complete fire breaks • clean gutters • trim trees & bushes • check hoses are accessible and in good working order • check fire blankets & extinguishers are accessible and in good working order • clear dry debris • check sprinklers are in good working order Complete a mid-summer review and carry out actions annually by January 31st Complete a Workplace Inspection monthly Conduct regular maintenance reviews and implement repairs/replacements as required Test fire alarms annually	
Unsupervised residents starting a fire	4	1	1	Secure care staff to provide close supervision to residents	House Manager Residential Care Officers

				Secure care staff to develop daily programmes to ensure that residents are involved in regular, meaningful activities Secure care staff to ensure that secure care's no smoking policy is enforced Secure care staff to discuss the dangers and possible consequences of fire with residents as appropriate Residents with known fire-related convictions and/or residents whose behaviour poses a current fire risk to the community are to be monitored closely at all times	
Incorrect action in the event of a fire	3	2	1	A Fire Management Plan to be developed and amended as required An Emergency File to be developed, maintained and readily accessible Fire safety awareness and the Fire Management Plan to be included in new staff induction Fire safety awareness and the Fire Management Plan to be regularly discussed at staff	House Manager Occupational Safety and Health Representatives Residential Care Officers

				meetings Fire safety and relevant procedures to be discussed at residents' meetings as appropriate Review of fire & emergency procedures to occur with all staff leading up to summer including: Fire Management Plan, evacuation procedures, emergency exit points, assembly area, location of keys/emergency kit/Emergency File, directions to Community Safety Centre, and operation of fire extinguishers/fire blankets/reticulation Assembly Point to be identified and marked Emergency exits to be identified Regular periodic evacuation drills to be conducted Occupational Safety and Health Representatives to be identified and to assist with all risk management strategies	

1- Very High 2- High3- Moderate 4- Low 5- Very Low

Managing Fire Safety

Fire Safety equipment

It is essential that secure care is equipped with fire safety equipment including fire extinguishers, fire blankets, smoke alarms and hoses.

An annual review will be arranged by Assets Management and conducted by Red Ramble to ensure that adequate fire extinguishers and fire blankets are available inside secure care, that the equipment is in good working order and that the equipment is located correctly. Replacements, relocations and repairs are to be arranged as needed by the Senior Manager Secure Care and Assets Management.

An annual FESA review will ensure that adequate hoses are available on the property, that the hoses are in good working order and correctly located.

A minimum of two hard-wired smoke alarms must be installed in the home. An annual testing of smoke alarms will be arranged by Assets Management.

Fire Safety Inspections and Risk Assessment

Fire risk assessments and inspections of buildings and grounds are essential in identifying real and potential fire risks and hazards.

The Senior Manager Secure Care is responsible for ensuring that the following actions are carried out:

- A FESA review is conducted annually by October 1st.
- A Summer Fire Prevention Strategies checklist (reference the access to this) and all FESA recommendations are completed annually by December 1st.
- A mid-summer review is conducted annually by January 31st.
- A Workplace Inspection Checklist is completed monthly.
- All completed documentation is to be maintained in the Emergency File and copies forwarded to the Director Secure Care immediately upon completion.

Building and Equipment Maintenance

Routine maintenance involves regular inspections, detection and planning to prevent faults or hazards occurring in the house.

The Senior Manager Secure Care is responsible for ensuring that the Secure Care Centre is maintained in a way that provides appropriate quality accommodation for residents and a safe working environment for staff.

Faults are to be reported to the BMW Call Centre on 132134 as soon as practicable and recorded in the Faults Book.

Faulty equipment (e.g. electric items) must be reported to the Asset Management team and repairs/replacements arranged.

Supervision of residents

It is the responsibility of secure care staff to ensure that all residents are supervised. Daily programmes must be developed to ensure that residents are involved in regular, meaningful activities.

Secure care implements a no smoking policy. Secure care staff will actively discourage the children and young people from smoking. It is recognised that many children and young people may attempt to smoke or find alternatives to smoke. Secure care staff will monitor children and young people at all times to restrict any breach of smoking in secure care.

Residents with known fire-related convictions and/or residents whose behaviour poses a current fire risk to the community are to be monitored closely at all times.

Staff Awareness and Training

It is essential that all staff are aware of fire safety procedures and are able to operate fire safety equipment. New staff must become familiar with the Fire Management Plan as part of the induction process. Fire management is to be discussed regularly at staff meetings and all aspects of fire management are to be reviewed with staff as part of the Summer Fire Prevention strategies.

Fire Evacuation Drills

Fire evacuation drills are to be conducted on a monthly basis. Drills should take place at varying times of the day and must involve every person on the premises at the time. An Evacuation Drill Record is to be completed and kept in the Emergency File.

Emergency File

An Emergency File is to be located in the staff office, readily accessible to all staff and maintained with up-to-date records including the following:

- List of emergency contacts
- List of staff contacts
- Fire Management Plan
- Evacuation Checklist
- Completed Workplace Inspection Checklists
- Completed Summer Fire Prevention Strategies Checklists
- Completed Mid-summer Review Checklists
- Completed Evacuation Drill records

Fire Emergency Procedures

The overriding priority in the case of a fire is the protection of life.

Monitoring

Staff should be alert for signs of a bushfire, especially during warmer weather. This involves staying informed by:

- Monitoring the Fire Danger Rating on the Bureau for Meteorology's website (this site is to be saved to the desktop of the home's computer).
- Staying alert and watching for signs of a bushfire, especially smoke and flames.
- Looking and listening for information on television, radio (ABC 720), the internet and information lines.

The Senior Manager Secure Care phone contact details are to be registered with StateAlert. This will ensure that emergency warnings will automatically be delivered when lives may be in danger in the neighbourhood. However, it does not replace current public information tools or the need to make independent decisions regarding the safety of residents and staff.

A Response

The action taken in response to a fire will be determined by the level of risk involved.

In the case of a small spot fire on the property, if deemed appropriate, staff should immediately use fire safety equipment to extinguish the fire. Action should be taken to prevent the occurrence of further spot fires.

In the case of bush fire in the area, a decision to evacuate will be based on the severity and vicinity of the fire.

It is considered that if the FESA Fire Rating is Catastrophic and there is a fire in the general area (within 20 Kilometres) that preparation for evacuation of secure care is to be made.
secure care Vehicles are to be moved into the Male Side of secure care for evacuation and loaded with the Grab and Go Kit and essential list of materials.
(Secure care staff are to move their private vehicles into this area if time permits)

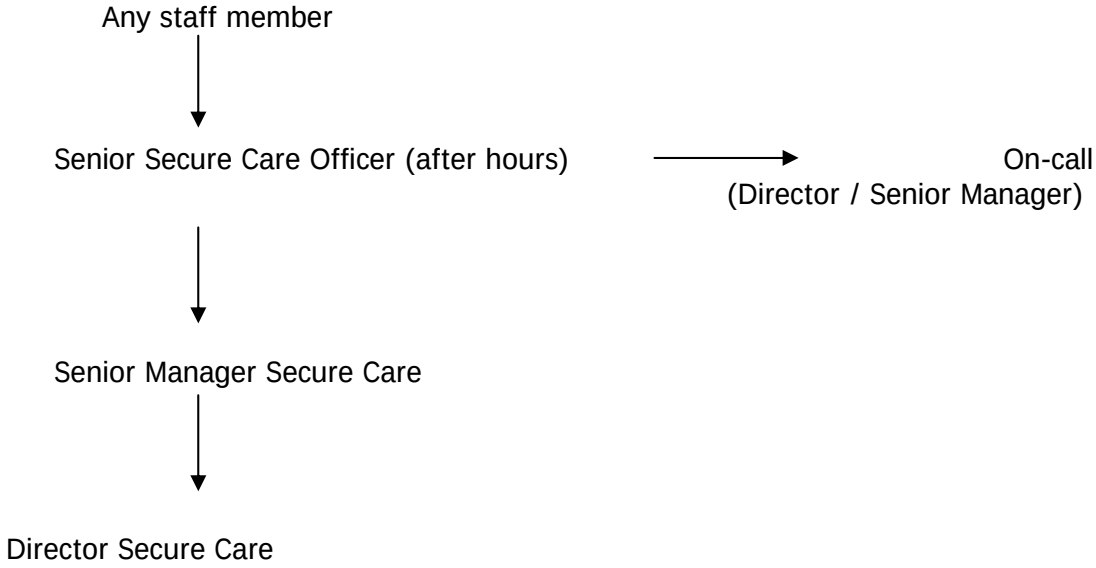
Consultation with FESA about the status of the fire in relation to secure cares location.
Consultation with the Director Secure Care and Executive Director Accommodation and Care Services is to occur prior to evacuation of secure care.

Secure care is to notify FESA and Police that the centre is being evacuated of all staff and residents to Community Safety Centre or to the Keith Maine Centre and the route that they will be taking.

Secure care gates and access points are to be left open for FESA to enter to defend or enter to manage the fire from if the need is such.

Any decision made should be based on survival. Leaving the property before a fire has reached the property is the safest option.

Communication Pathway for managing a response:



Evacuation
When a decision to evacuate has been made, the following procedures should be followed.

1. **Mobilise immediate evacuation** (upon receipt of reliable danger alert from Police/FESA/DCP staff OR upon witnessing a serious fire in the immediate surrounds) by instructing children, staff and visitors to prepare to leave and gather at assembly point.

(Tune into radio station 720am for 15 minute updates on the fire's progress).

It is important that people do not panic or run when evacuating a building, and that the building is not re-entered once evacuated.

2. If time permits:

- Notify Keith Maine admin staff on 9249 1444 (working hours) OR on-call Director 0418 925 864 or Senior Manager Secure Care (after hours).
- Provide children with bags to pack some significant personal belongings.
- Remove flammable items (e.g. full bins) 20 metres away from perimeter of house.

3. Collect emergency Grab and Go kit.

4. Collect log, diary, mobile phone, car keys, master keys and Emergency File.

5. Close all windows, turn air conditioners off, secure the building, activate sprinkler and reticulation systems and leave.

6. Conduct a head count of residents, staff and visitors at assembly point and ensure everyone is accounted for.

7. Mobilise Secure Care vehicles and follow the directions of Emergency Services or go to the Community Safety Centre. In the event of no mobile reception or official direction, go to the Community Safety Centre.

Staying in Secure Care

If it is not possible to leave in time and staff and residents must shelter in secure care. If time permits, call emergency services to report the situation and request assistance; and inform the Director Secure Care of the situation.

The following actions will increase the safety of all:

- Stay in the Secure Care Centre when the fire front is passing. This usually takes five to fifteen minutes.
- Take shelter inside furthest from the fire front. Make sure there is an escape from the building. It is best to shelter in a room with two exits and a water supply, for example a laundry with a door that goes outside or a kitchen with two exits.
- If secure care catches on fire and the conditions inside become unbearable, get out and go to an area that has already been burnt. Close all internal doors and leave through the door as far from the approaching fire as possible.
- Wear protective clothing to avoid injury from sparks, embers and extreme heat. Cover as much skin as you can with two layers of loose fitting clothing. Avoid tight fitting, heavy clothes and synthetic clothing.
- Prepare fire-fighting equipment. This may include the fire hoses situated on both sides of the building internal recreational areas, cotton mops to hold water and put out embers, shovels to cover embers with sand, buckets to transport water, and wet towels and blankets to seal gaps under doors and windows.
- Fill containers with water. This could include filling rubbish bins, storage bins, bath, laundry tub, sinks, basins and buckets, troughs or garden ponds, swimming pool and water tanks.

After the Fire has Passed

After the fire front has passed, only go outside once it is safe. Check for and put out small spot fires and burning embers:

- inside the roof space
- under floor boards
- under the house
- on verandas and decks
- on window ledges and door sills
- in roof gutters and valleys
- in garden beds and mulch
- in wood heaps
- in outdoor furniture
- in sheds and carports.

- Contact the Director to update him/her on the situation.
- Keep drinking lots of water.
- Stay at the property until the surrounding area is clear of fire.
- Look and listen for information on the radio, television, internet and information lines.

Recovery

Following an emergency or critical incident, the Senior Manager and Director Secure Care will:

- take appropriate actions to return secure care to normal (refer to the Secure Care Business Continuity Plan);
- develop and implement medium to long-term strategies in conjunction with specialist support staff to identify and manage the ongoing social and psychological needs of those affected; and
- arrange debriefing opportunities for all staff and residents involved.

Review

Following an emergency, the Senior Manager and Director Secure Care will review the incident and the Fire Management Plan and implement changes as needed.

Key Performance Indicators (KPIs)

The following Key Performance Indicators will be used to monitor the effectiveness of the Fire Management Plan:

1. Number of fire related incidents and cause.
2. Outcomes of fire related incidents.
3. Achieving set schedules and time frames (including completion of Summer Fire Prevention Strategies, Mid-Summer Review, Evacuation Drills, Workplace Inspections and reporting of faults).

Further Information

Bureau of Meteorology:
http://www.bom.gov.au/

FESA: http://www.fesa.wa.gov.au/internet/default.aspx?MenuID=430

7. MEDICAL EMERGENCY

Purpose:
A guide for staff to ensure each young person entering residential care has their medical condition assessed.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Any child or young person admitted to secure care is to have a medical assessment within 24 hours of being admitted. The initial medical assessment may see the child or young person be triaged by the secure care Mental Health Nurse.

A medical assessment may be required for a child or young person as part of the admission process if concern is held for the young person's health.

Any medical / health concern for a young person whilst in secure care will be managed through the following process:

- secure care staff will assess the child's basic health needs in accordance with the level of training they have been provided;
- Secure Care Mental Health Nurse will triage the child or the young person if present on shift if it is assessed that a medical assessment is required;
- Senior Secure Care staff are to contact the on call secure care doctor or nurse to do an over the phone assessment and attend secure care if assessed appropriate;
- Secure care Doctor will be on call from 6am Monday morning until 6pm Friday and is available for phone advice during these times;
- Secure care Doctor is available for weekday admissions and will arrange to come in within 24 hours to do the first examination;
- Secure dare Doctor is able to attend secure care if an issue cannot be managed by telephone consultation and where it could be managed by the Doctor attending secure care;
- Secure care staff are to request Ambulance attendance to secure care if the child or young person is assessed as requiring immediate medical treatment and the child or young person is not able to be treated on site by staff, Mental Health Nurse or Doctor;
- Secure care staff are to contact and advise on call Director or Senior Manager secure care of the child's or young person's situation to request permission to contact;
- Secure care staff are to record medical alerts for a child / young person on the white board displayed in the office and highlighted on the child / young person personal file and secure care medical sheet.

Information on children or young people who suffer severe allergies and or severe allergic reactions is to be recorded on the personal file as well as discussed in secure care staff meetings.

Medical alerts and Action Plans related to an allergy must be on display and all allergy information must be incorporated into the child / young person's care plan, provisional care plan and safety plan.

Related Resources
Medical management sheet
H.E.A.D.S.S. - A Pyschosocial Interview for Adolescents

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

Phone Numbers (to be copied and available secure care central office and in the admission room)

- Emergency Calls 000
- Princess Margaret Hospital (08) 9340 8373
- Poisons Line 131126
- Health Information Line 1300135030
- Health Direct – 24 hr advice 1800022222
- Dental Emergencies a/hrs (08) 93253452

Anaesthetic Consent
The Director Secure Care and District Directors have authority to approve anaesthetic consent or operative procedures for protected or provisionally protected children, except where a parent is refusing consent, or the procedure is high risk or involves termination of life support, in which case consent is required at Executive Director level.

After hours – staff should contact the Crisis Care Unit who will arrange for anaesthetic consent. NB. – A Doctor has similar power to give anaesthetic consent should the situation become urgent.

Injuries to a Child / young person
All staff members are required to have a current Senior First Aid Certificate. If a child/ young person is injured, staff should assess:

1. The extent of the injury, including the young person's emotional reaction.
2. The need for assistance. (Ambulance, Doctor, extra RCOs)
3. Apply first aid

If in doubt, CALL AN AMBULANCE

All injuries must be recorded in the **Logbook, Case Notes** and in a **Critical Incident Report.**

For injuries where professional medical help is required, the child/ young person's case manager should be notified as soon as possible. Where professional help was not required, feedback is provided as part of the *Case Note Summary*, which is fed back to the child/ young person's case manager once a week.

8. SELF HARM

Purpose:
For staff to be able to identify when a child or young person is at risk of self-harm and to react in an appropriate way to reduce the risk and ensure the safety of the child or young person.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
All secure care staff be aware that children/ young people admitted to secure care are in a period of personal crisis. At times of crisis children/ young people are at increased risk of suicide and/or self injurious behaviour.

Secure care staff are to ensure that when potential for self harm is identified, they monitor the young person's emotional state until the risk of self harm has passed. Staff should remain vigilant to the risk of the behaviour returning and the safety plan updated accordingly.

Related Resources

Procedures
Definitions
Suicide Behaviour consists of thoughts, threats or actions involving the intent to die, which if enacted or completed may lead to serious injury or death (Pfeffer, 1981).

Self Injurious Behaviour (Self harm) is repetitive, deliberate physical self harm without a conscious suicidal intent, which does not lead to evidently life threatening wounds (Herpertz, 1995).

Suicide and Self Harm Response Procedure
If a young person is at risk of self injury or suicide the following procedure must be followed:

1. Staff must treat all threats of suicide and self injury seriously no matter how frequently these threats are made. Suicide and self injurious behaviour is indicative of underlying distress and a need for urgent assistance.
2. Staff must monitor the young person's emotional state until the risk of harm has been removed or appropriate intervention has been implemented to ensure the young person's safety. This may include continuous one to one monitoring. [**Note: the child or young person should not be placed in the Safe Room as a means of intervention, as this could be counterproductive.]**
3. Any object, means or situation which could potentially be used for self injury or suicide should be removed and the child / young person closely supervised.
4. Staff are to encourage the young person to talk, providing support in a calm and understanding manner.
5. Staff are also to seek advice when concerned about the young person's status:

   During office hours from:
   the Senior Secure Care Officer, or Senior Manager Secure Care, Psychologist, or the Director Secure Care.

After hours from:

the Senior Secure Care Officer, the Mental Health Nurse if on shift, and the secure care on call Director or Senior Manager Secure Care can be contacted if the matter is not resolved.

Secure care staff may consult with Mental Health staff via the Emergency Line (1300 555 788) or the Psychiatric Emergency Liaison Officer at the nearest hospital Emergency Department.

Continue to monitor the young person's mood and seek further advice as appropriate.

1. Continue to be vigilant so that the young person does not have access to any object that may be used for self harm.
2. Try to engage the young person in a supervised activity.
3. During the evening secure care staff will undertake and note regular bed checks to occur as required but no longer than every 15 minutes. Observations should be continuous if the level of risk warrants this and a record made.
4. If after hours, ensure that the on-call Director Secure Care or Senior Manager Secure Care is notified at the earliest opportunity.
5. Document the incident in Assist file note incident file. Depending on the nature of the incident, this will require completion of a "log entry", a file note or a critical incident form. (Training for staff in Assist)

If a suicide attempt is made:

1. An ambulance must be called if immediate medical attention is required. If the child/ young person requires urgent medical treatment, but refuses this treatment, the child/ young person is to be should be taken involuntarily to hospital by ambulance and accompanied by a Secure Care Officer and police if required. (Note: The Senior Secure Care Transport Officer may be called into work to assist with the young person being taken to hospital).

2. Ensure that the Director Secure Care or Senior Manager Secure Care, Psychologist, and case manager are notified at the earliest possible opportunity, including the Executive Director ACS.

3. Staff are also to seek advice when concerned about the young person's status:

During office hours:

The staff member should consult with the Senior Secure Care Officer, or Senior Manager Secure Care, Psychologist, or the Director Secure Care.

After hours from:

The staff member should consult firstly with the Senior Secure Care Officer, secondly with the Mental Health Nurse if on shift, and then the Director Secure Care can be contacted on-call if the matter is not resolved.

Secure care staff may consult with Mental Health staff via the Emergency Line (1300 555 788) or the Psychiatric Emergency Liaison Officer at the nearest hospital Emergency Department.

The Director Secure Care is to be advised as soon as practicable of any suicide attempts. The Director Secure Care will advise the Executive Director of Accommodation Care Service of the attempted suicide.

3. The case manager should be notified as soon as possible and in partnership with secure care, a psychological/ psychiatric assessment arranged and the child/ young person's safety plan updated.

9. PSYCHIATRIC PROTOCOLS

Purpose:
To ensure the safety of the child or young person at risk and the safety of other residents and staff.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Staff are to ensure proper actions are taken when a young person's presentation suggests the possibility of a psychiatric illness.

Features of a young person's presentation consistent with a psychiatric illness can include, but IS NOT limited to the following: delusions (beliefs inconsistent with the young person's culture that have no basis in fact); hallucinations (claims of hearing, seeing, tasting and feeling something that does not exist); significant and inexplicable changes in mood; very disorganized behaviour (cannot complete everyday tasks that they previously have been able to complete); bizarre thoughts inconsistent with the young person's normal day to day behaviour.

Well documented records should be maintained of any presenting behaviours for later (potential) consultations.

Related Resources
Link to CDM

Procedures
Staff are to seek advice when concerned about a young person's psychiatric health and presentation.

During office hours, consult with the Secure Care Senior Consultant Psychologist, who is responsible for consulting with the District Office psychologist or the responsible case manager.

After hours, contact the Mental Health Emergency Line, or the Psychiatric Emergency Liaison Officer at the nearest hospital emergency department.

If the young person is under 16-years, contact the Psychiatric Emergency Liaison Officer at Princess Margaret Hospital.

Ongoing communication should be established with the relevant mental health service, the on-call Director or Senior Manager Secure Care and or the on-call Secure care doctor who will work collaboratively to develop and monitoring an immediate treatment program.

Below are the relevant numbers and other 24-hour agencies that could be contacted for after hours advice and direction.

Mental Health Contact numbers

Mental Health Emergency Response Line

Metropolitan	1300555788
Peel	1800676822
Rural	1800552002

Youth Mental Health Services (13-24 yrs)

Referrals	1300362569
Youthlink	(08) 92274300
Youth Reach South	(08) 93940799

Bentley Health Service Triage

(Mills Street)	(08) 93343666

10. EMERGENCY PROCEDURES – INJURY TO STAFF

Purpose:

To minimise the risk of injury to staff and in cases of injury identify procedures to provide an appropriate and timely response.

Practice Requirements

All staff should have a working knowledge of the process and procedures to follow if injured at work.

Related Resources

Procedures

If staff are injured while on shift, the following procedure should be followed:

1. Assess the extent of the injury.
2. Deal with the injury. Is first aid or an ambulance required?
3. Consider the safety of the residents while staff are busy dealing with the injury.
4. If the injury is minor this should be considered before first aid is administered.
5. Can the staff member continue to work? Are extra staff required?
6. Wherever possible, requests for replacement or additional staff should be cleared by the Senior Manager during work hours and via on call after hours. If staff are unable to contact the Secure Care Director or the person on call or if the need is urgent, staff may seek support without authorisation initially, however should inform the Director Secure Care whether during working hours or out of hours.
7. Record the details of the injury in the *Logbook*.
8. Complete an electronic copy of the "Occupational Safety and Health *Confidential Incident Report Form* (FCS 332).
9. It is important that this form is completed either on the day of the injury or on the next working day.
10. Workers' Compensation can be claimed if the injury results in an absence from work or in medical expenses.
11. Staff members are required to consult their Doctor and request a Workers Compensation *First Medical Certificate*. The Senior Manager Secure Care and OHSW Officer must then be notified that Workers' Compensation is being applied for. The Manager will provide the worker with a *Workers Compensation Package*, which includes all of the forms required to claim compensation.

CHAPTER 3 REFERRAL, ADMISSION, PLANNING AND TRANSITION

11. REFERRAL

Purpose:
To provide a clear process for the referral of a child or young person to secure care and the making of a secure care arrangement in accordance with the *Children and Community Services Act 2004* (CCS Act).

Practice Requirements
Threshold for secure care arrangements
Section 88C of the CCS Act allows the CEO (or delegate) to make an arrangement for the placement of a provisionally protected child or a protected child in a secure care facility – this is referred to as a "secure care arrangement".

A "protected child" is a child under a protection order (time-limited) or protection order (until 18). A "provisionally protected child" is a child in provisional protection and care.

The CEO (or delegate) must not make a secure care arrangement, unless satisfied that:

(a) there is an immediate and substantial risk of the child or young person causing significant harm to him or herself or another person; and

(b) there is no other suitable way to manage that risk and to ensure that he or she receives the care he or she needs.

Admitting a child or young person to secure care is a measure of last resort only, once it has been determined that the CEO can be satisfied of (a) and (b) above.

Consultation must occur with an Aboriginal Practice Leader when making a Secure Care Referral for an Aboriginal child or young person.

If a child under provisional protection and care is admitted to secure care under a secure care arrangement, before an application for an interim order (secure care) is made to the Children's Court, the CEO (or delegate) must apply to the Court for a continuation[2] order as soon as practicable, but in any event not more than two working days after the admission.

The Court must not make an interim order (secure care) unless satisfied of (a) and (b) above. In making an interim order (secure care), the Court must specify the period for which the child is to be kept in a secure care facility.

Note: Only the CEO (or delegate) is able to make a secure care arrangement or an application to the Court for an interim order (secure care).

The District applying for an interim order (secure care) must first undertake the referral process and consult with secure care regarding the appropriateness of a secure care arrangement for the child/ young person before lodging the application with the Court. This process is essential to ensuring appropriate referrals and preparing for the Court application: because secure care is limited to nine beds, the number of admissions and the gender balance must be carefully managed.

[2] A *continuation order* refers to an interim order (secure care) that the CEO continue the secure care arrangement in respect of a child (section 88E of the CCS Act).

A child or young person can only be admitted to secure care once a secure care arrangement is made. Verbal approval for the making of secure care arrangement must be followed-up with written confirmation that the secure care arrangement has been made.

Note: Approval of the Secure Care Referral does not constitute a secure care arrangement having been made. A secure care arrangement can only be made when the child or young person's whereabouts is known and the secure care arrangement itself is expressly authorised by the Executive Director ACS or, if unavailable, another Executive Director or the Director Secure Care in urgent circumstances

Secure care period

The period a young person is to spend in secure care (the "secure care period") is to be recommended by the District in the Secure Care Referral form.

The secure care period should be for the shortest time necessary to stabilise the young person and plan for his or her needs to be met.

The secure care period must not exceed 21 days (unless it is extended for a further period that must not exceed 21 days).

For a protected child, the secure care period must be decided as soon as practicable after the secure care arrangement is made and is to be ratified at the Secure Care Initial Planning Meeting and included in the young person's care plan.

For a provisionally protected child, the interim order (secure care) must specify the secure care period for which the child is to be kept in secure care.

A secure care period can be extended for a further period not exceeding 21 days if there are **exceptional reasons** for doing so. A secure care period cannot be extended more than once.

If the young person is a protected child, it is the CEO or delegate who must be satisfied there are exceptional reasons for extending the secure care period, as set out in section 88F(3) of the CCS Act.

If the young person is in provision protection and care, the CEO or delegate must apply to the Court for an extension of the secure care period. The Court may extend the secure care period by not more than 21 days, if satisfied there are exceptional reasons for doing so.

District staff must complete Assist recording as outlined in Casework Practice Guidelines.

Interim orders (secure care)

If a young person under provisional protection and care is placed in secure care under a secure care arrangement made by the CEO (or delegate) before an application for an interim order (secure care) is made, the Department must apply for to the Court for a continuation order in respect of the young person's secure care arrangement. This must be done as soon as practicable after the child is admitted to secure care but, in any event, not more than 2 working days after.

If the Court does not make a continuation order regarding the young person (in other words, an interim order (secure care)), the secure care arrangement must be cancelled and the young person must be removed from the facility.

Related Resources

Children and Community Services Act 2004 - Part 4 Division 5 Subdivision 3A, and s.134A

Develop links to Secure Care admission "Decision Making Tree"
Develop links to Secure Care Admission Flow Chart
Develop links to Secure Care Admission Provisionally Protected Child
Develop links to Secure Care Admission Protected Child (until 18 or time limited)
Link to Secure Care Referral Form 742
Link to Secure Care Admission Decision Making Tree
Link to Notification Letter advising of secure care admission
Link to Reconsideration process (Internal DCP)
Link to Review process (SAT)

Process Map/ Flowchart
Refer to Attachment 1
Insert
Develop links to Secure Care Admission Flow Chart
Develop links to Secure Care Admission Provisionally Protected Child
Develop links to Secure Care Admission Protected Child (until 18 or time limited)

Working Hours Referrals

Procedures
1. District staff members are to complete an assessment of the child/ young person's needs to determine whether the young person meets the threshold for a secure care arrangement under section 88C of the CCS Act. Before making a secure care arrangement, the CEO (or delegate) must be satisfied that:

(a) there is an immediate and substantial risk of the child causing significant harm to him or herself or another person; *and*
(b) there is no other suitable way to manage that risk and to ensure that the child receives the care he or she needs.

(Refer: Develop links to Secure Care Admission Decision Making Tree)

2. A Secure Care Referral (Form 742), with accompanying information (existing care plan, provisional care plan and any other relevant assessments), is to be completed by the case manager, endorsed by the District Director and forwarded to the Senior Manager Secure Care prior to the consultation process.

The Secure Care Referral is to be sent via email to CPFrontdesk Secure Care and telephoned through to the Senior Manager Secure Care.

All available information is to be provided when the referral is submitted to secure care or as soon as possible prior to admission. The Referral is to include exit plans for the child or young person.

Care plans and provisional care plans must be provided to secure care in order to comply with the planning requirements under section 88I of the CCS Act. (Section 88I requires the modification of a child's care plan or provisional care plan as soon as practicable, but in any event no later than two working days after admission. In practice, this is likely to occur at the Secure Care Initial Planning Meeting.)

3. In consultation with District staff, a panel comprising the Director Secure Care, Senior Consultant Psychologist, Senior Manager Secure Care and Aboriginal Practice Leader (the Secure Care Management Team) will consider the referral and determine its appropriateness against the legislative threshold, as well as against other factors such as matching and the availability of a secure care bed.

The consultation may occur by Video Conference Call, telephone conference call and/or face to face meetings, and is to be supported by a referral meeting if time permits.

In addition to considering the legislative threshold, the referral consultation will consider:

- how secure care can best manage the young person to meet their immediate needs and respond to their presenting behaviours; and
- the requirement for the District to commit to intensive collaborative work with the Centre whilst the young person is in residence, and also to their transition phase and return to the community.

4. The Secure Care Management Team will make a decision as to whether the legislative threshold for a secure care arrangement to be made can be satisfied. Consultation may occur between the District Director, Secure Care Director and the Executive Director ACS if there is concern about the outcome of the referral.

The Director Secure Care will advise the District Director of the referral outcome and whether it meets the legislative standard for a secure care arrangement to be made.

The Director Secure Care will advise the District Director in circumstances where an application for an interim order (secure care) would be required under section 133(2B) because the child is under provisional protection and care. If the referral is approved, a Court application for an interim order (secure care) is to be made via the Department's Legal Practice Service.

Once endorsed by the Director Secure Care, the Secure Care Referral is forwarded to the Executive Director ACS for consideration.

If the Executive Director ACS is not available, the following order of authority for the making of the secure care arrangement applies:

- **Executive Director Metropolitan or Country**
- **Executive Director Policy and Learning or Service Standards and Contracting.**

However, in urgent situations, the Director Secure Care is delegated with the authority to make a secure care arrangement.

The proposal for a secure care arrangement is either approved or not approved at this stage.

5. The secure care arrangement itself will be made only if the child's whereabouts is known.

<u>If the child or young person's whereabouts is known,</u> the secure care arrangement can be made at the same time as the Secure Care Referral is approved. At this stage, the practical arrangements about the child or young person's transportation to secure care, including who should be involved, are to be made as soon as possible.

A secure care arrangement must be made in writing using Form 745. If Form 745 cannot be accessed at the time of making the arrangement, an email or SMS text stating that a secure care arrangement is made should be sent immediately to CPFrontdeskSecure Care and the Director Secure Care. It should include the child's name, date of birth and the name and position of the person making the arrangement. In these circumstances, the text or email should be followed up as soon as possible with confirmation of the arrangement having been made, using Form 746.

If the child's whereabouts is unknown, the referral can be approved as a proposal for a secure care arrangement in respect of the child/ young person. Note that the relevant District Office or the Crisis Care Unit must lodge an absconder's report with police in relation to a child's absence from a placement arrangement and the issuing of a warrant under section 86 (refer to 7.13 of the Casework Practice Manual).

Once located, consultation should occur between the Director Secure Care and the case manager / District Director (or after hours Crisis Care staff and District Director) as to whether there is still considered to be:

(a) an immediate and substantial risk of the child causing significant harm to him or herself or another person; *and*

(b) no other suitable way to manage that risk and to ensure that the child receives the care he or she needs.

(Refer: Develop links to Secure Care Admission Decision Making Tree)

This will involve considering (in consultation with District staff, or Crisis Care staff after hours) information in the child or young person's Secure Care Referral, their presenting state and all available practice evidence, against the legislative requirements for a secure care arrangement.

If the child still meets the legislative threshold, the Executive Director (ACS) will make a secure care arrangement by completing a Secure Care Arrangement form (Form 745). This is forwarded to the District CPFrontdesk managed email, and CPFrontdeskSecureCare, for recording and storage on the Case Record Management File / Objective.

Note: If the Executive Director ACS or other Executive Director is not readily available, the Director Secure Care has authority to make a secure care arrangement.

6. The Director or Senior Manager Secure Care will advise secure care staff of the impending admission, whether during or out of hours, who will then prepare for the admission.

7. The child, parent/s and carer (and any other person considered by the District Director to have a direct and significant interest in the child's wellbeing) must be notified that a secure care arrangement has been made as soon as practicable after admission to secure care. Notice must also be given about what the secure care period is. These notices are to be sent by the Director Secure Care.

Out Of Hours Referrals

Procedures

The referral process by Crisis Care is the same as that of District referrals during work hours. Crisis Care must assess the child/ young person's needs against an existing Secure Care Referral using the Secure Care Decision-Making Tree, or must complete a Secure Care Referral Form 742 if a referral has not already been made. The Referral Form is to be completed and signed-off by the Crisis Care on-call District Director and/or the appropriate Crisis Care officers at that time or as soon as practicable.

Crisis Care and District staff must complete Assist recording as outlined in Casework Practice Guidelines as a priority.

1. Crisis Care TL and/or other staff are to consult with the District Director responsible for the young person to gain their endorsement for a Secure Care Referral. Crisis Care must consult with an Aboriginal Practice Leader as part of making a referral for an Aboriginal child or young person.

Crisis Care Staff are to contact the secure care on call Director or Senior Manager Secure Care and email/discuss the Secure Care Referral endorsed by the District Director.

The Director or Senior Manager Secure Care will consult with Crisis Care, District Director and others involved in assessing the appropriateness of the referral.

If the referral is approved and the child's whereabouts is known, a secure care arrangement can be made (by the Executive Director ACS if available, otherwise the Director Secure Care) at the same time as approval of the referral, and the child can be transported forthwith to secure care.

A secure care arrangement must be made in writing using Form 745. If Form 745 cannot be accessed at the time of making the arrangement, an email or SMS text stating that a secure care arrangement is made should be sent immediately to CPFrontdeskSecureCare and the Director Secure Care. It should include the child's name, date of birth and the name and position of the person making the arrangement. In these circumstances, the text or email should be followed up as soon as possible with confirmation of the arrangement having been made, using Form 746.

2. If a secure care arrangement is made (by the Executive Director ACS or, if unavailable, the Director Secure Care), Crisis Care is to make the practical arrangements of transporting the young person to secure care. Crisis Care is to request assistance from secure care, and the Police if necessary (who may already be involved), in transporting the young person to secure care.

   (Note: Refer to the MOU between the Western Australia Police and the Department for Child Protection on transportation of children and young people to secure care.)

3. Crisis Care is responsible for completing and forwarding the Secure Care Referral to secure care with accompanying information (care plan and other assessments etc), and forwarding of all reports to the District Director, Team Leader and Case Manager via CPFrontdesk.

   In this situation, Crisis Care will be requested to provide a senior representative, where possible, to attend the Secure Care Initial Planning Meeting.

Note: If approved, and the child's whereabouts is not known, the secure care arrangement cannot yet be made. The approved referral remains open (as a proposal for a secure care arrangement) until the child is located.

Once located, consideration is to be given as to whether the child still meets the legislative threshold for an arrangement to be made. In these circumstances, the Director Secure Care is to consider, in consultation with District staff or after hours Crisis Care staff, information in the child or young person's Secure Care Referral, their presenting state and all available practice material required to evidence the decision-making process against the legislative requirements for making a secure care arrangement for the child or young person.

12. ADMISSION TO SECURE CARE

Purpose:
To provide clear processes and clarify the documentation required for the admission of child/ young person to secure care.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Admission to secure care can only occur if a Secure Care Referral has been approved and a secure care arrangement for the child or young person made. The approval and making of the secure care arrangement must be by the Executive Director ACS, other Executive Director as per page 35 or the Director Secure Care if necessary (in urgent situations when others are not available or time does not permit).

Related Resources
Children and Community Services Act 2004 - Part 4 Division 5 Subdivision 3A, and s.134A
Secure Care Admission Form 744
Secure Care Child Information Pack
Secure Care Monitoring Form
Secure Care Notices to child, parents, carers and significant others (to be issued by the Director Secure Care only)

Process Map/ Flowchart
Refer to Appendix D

PROCEDURES PRIOR TO ADMISSION
A Secure Care Referral (Form 742) is to have been completed by the District and approved by the District Director, the Secure Care Director and the Executive Director ACS, and a secure care arrangement made.

A secure care arrangement must have been made by the CEO (or delegate).

All relevant documents should have been forwarded to or made available to secure care electronically.

Secure care staff must read documentation provided from the District Office regarding the child/ young person's presenting behaviours and care history.

Medical
Where possible, the referring District should forward all medical information and treatment plans to secure care prior to admission, including any prescriptions.

Transport to Secure Care
If the whereabouts of a child or young person is known, and a secure care arrangement has been made by the CEO or delegate in respect of the child, the Department has the primary responsibility for the child's transportation to or from the secure care facility.

Secure care staff transports are to be managed and coordinated by the Senior Secure Care Officers (or Senior Secure Care Transport Officer). Consideration is to be given to the dynamics of the young person's age, gender and known history (risk).

Where possible, the case manager and another staff member will accompany the child/ young person to secure care.

When necessary, police may be requested to assist in the transportation of a child or young person who is refusing to go with the case manager to secure care. In these circumstances, a departmental officer should accompany the child throughout the transportation process. This is important because of the Department's duty of care towards children in the care of the CEO.

Unless children are transported by police under sections 37, 86, 87 or 88J of the CCS Act, all children transported by police should be accompanied by a departmental officer.

Police will perform this task in line with a Memorandum of Understanding (MOU) between the Department for Child Protection and the Western Australia Police.

The MOU forms the basis of an understanding for Police, on request from the Department when necessary, to assist with the transport of children and young people under a secure care arrangement to or from the Kath French Secure Care Centre, within a 400 Kilometre radius of the Perth CBD.

Under this MOU, police may be involved the transportation of a child or young person to the secure care facility, where possible, under any of the following circumstances:

Under *section 37 – Provisional protection and care without warrant,* if a police officer suspects there is an immediate and substantial risk to the child's wellbeing, and the CEO (or delegate) then makes a secure care arrangement for the child.

Under *section 86 - Warrant (apprehension) where child absent*, if police locate a child or young person who is the subject of a warrant, and the CEO (or delegate) makes a secure care arrangement for the child.

Under *section 87- Apprehension without warrant in certain circumstances*, if a police officer suspects that a child or young person has absconded from "a placement arrangement"[3] and that there is an immediate or substantial risk to the wellbeing of the child.

In the above three circumstances, police will be required to:

- contact and confer with the local District Office or Crisis Care Unit to determine the current status of the child and whether a secure care referral exists and has been approved; and
- if an approved secure care referral exists. and a secure care arrangement is then made, to take the child to a place as directed by and negotiated with the Department.

The relevant district office will have lodged a Department for Child Protection Absconder Report by emailing PACP@Police.wa.gov.au in relation to a child's absence from a placement arrangement and to the issuing of a warrant under section 86.

Under *section 88J – Apprehension without warrant – child absent from secure care facility*, if a police officer suspects on reasonable grounds that a young person is absent, or has been taken from a secure care facility. The officer may apprehend the young person and take him or her to the KFSCC or such other place as the CEO (or delegate) directs. Police would need to contact the KFSCC Senior Secure Care Officer

[3] A placement arrangement is a formal placement approved by the CEO of the Department for Child Protection under section 79 of the *Children and Community Services Act 2004*

to confirm the status of the child and the course of action including transportation to KFSCC.

In other circumstances, where the Department requests assistance from police because it is considered necessary for the safety and security of the child or young person and or others. In these circumstances, departmental staff should accompany the child or young person throughout the transport process.

The Senior Secure Care Officer of the KFSCC will contact the Officer In Charge (OIC) of the police station nearest the child's location to request assistance to transport a child to the KFSCC. The Senior Secure Care Officer will advise the OIC of the relevant history, situation, location and demeanour of the, child and the OIC who will advise the local police accordingly prior to apprehending the child.

A conversation will also occur between police and the KFSCC Senior Secure Care Officer to resolve the transport commencement, duration and estimated time of arrival at destination, and arrangements for reception.

An absconder's report is to be lodged with police in relation to a child who absconds while under a secure care arrangement, including absconding during transportation to or from the Secure Care Centre (refer to section 28 for more information).

Regional

Police and secure care transport staff will negotiate the transport of a child or young person under a secure care arrangement to the secure care facility from regional areas of Western Australia within 400 Kilometre of the facility. Where possible, the trip should be broken into equi-distant portions of travel to ensure the safety and welfare of the child or young person and secure care staff.

The Secure Care Transport Officer may be requested to assist in the transport of a child or young person to secure care if the young person is at their place of care but refusing to accompany the case manager.

If the child or young person's whereabouts is not known and it is considered they have absconded, an absconder's report must be lodged with police.

ADMISSION PROCEDURES

Admission to secure care is likely to be stressful for young people. Every effort should be made to ease concerns when introducing them into the Centre.

Secure care staff will admit the child or young person safely into the secure care environment. Two staff must be present at the admission. The following procedures apply:

- All admissions occur via the male recreational area or the front air lock security system into the Admission room.
- Stabilising the child or young person throughout the admission process is a priority.
- Record the child or young person's eye and hair, weight, build and general physical state.
- A basic pat down search conducted in accordance with section 115 of the CCS Act is to be done in a sensitive manner, allowing the young person to maintain as much dignity as possible, while ensuring the integrity of the Secure Care Centre and safety of staff and residents. Section 115 does not authorise the removal of some or all of a child's clothing when conducting a search.

- Secure care staff are to ascertain and respond to the young person's immediate needs such as food, sleep or medical attention.
- Take note of any injuries, cuts, bruises etc and record on admission report. At this stage the client should have a shower and be given clean clothing to change into. No personal clothing should be returned to the young person at this time, as all clothing and other items must be checked for contraband such as cigarettes, lighters, drugs and weapons and recorded on the Client Personals form. Whilst this procedure is occurring, it is important for staff to be engaging with the young person, providing them with relevant information and generally putting them at ease.
- All clothing is to be placed into the laundry bucket for cleaning.
- Staff must ensure clothes and possessions are described accurately. Any valuables, i.e. mobile phones, cash etc are to be recorded and kept in client storage box.
- Any medication brought in for the young person must be recorded on the admission Medication form.
- Secure care staff must give the **Information Package** to the young person and go through its contents carefully. This package includes important information about the Charter of Rights for Children in Care; ways to participate in decision-making; how to access the Director Secure Care to make or discuss a complaint, or the Complaints Management Unit; the role of the Department's Advocate for Children and Young People in Care and assessors; the right of a protected child to seek a reconsideration of a secure care decision that has made about them (refer to section 14 of these Guidelines); and the right to access legal assistance in the "reconsideration" process.

Note: Discussion of information in the Information Pack with the young person is to occur twice, at the young person's pace, during the first 48 hours. This is necessary to ensure they understand fully the information and who may be able to advocate on their behalf.

Assisting the child or young person to settle into secure care

- Secure care staff must complete the documentation and monitoring processes, which is to occur for all children and young people at 15 minute intervals throughout their initial 48 hours in the Centre.
- **If the child or young person is considered to be at significant risk of self-harm or suicide, observations are to be continuous one-to-one monitoring.**
- If the child or young person's situation is critical, the child or young person is not to be left alone until they have settled and are self-regulating, following which monitoring at appropriate intervals should continue.
- The young person may be taken to their room or a safe space to assist in stabilizing them. Secure care staff will continue to support and orientate the young person regarding security processes, including the Intercom near the bed-head to talk to staff if needed during the night.
- Establish a daily plan / routine (preferably agreed to prior to the admission) to ensure that a therapeutic approach commences immediately for the child or young person.
- Arrange the Secure Care Initial Planning Meeting and the Exit / Transition Planning meeting, which is to occur two working days prior to the child or young person exiting secure care.

AFTER HOURS ADMISSIONS

- Where possible, after hours admissions are to be managed in the same manner as admissions during hours.

PAPERWORK

- The Admission Report is to be completed as soon as practicable, including the 48 Hour Observation sheet. (Paperwork MUST be completed by the Secure Care Initial Planning Meeting.)
- The time of arrival is to be recorded in Secure Care Log Book. Arrivals after midnight to be recorded on that date e.g. arrivals at 1 a.m. Tuesday are recorded on Tuesday's page not Monday.
- Total of persons residing must be amended by adding the note – "+ 1". This is to ensure accurate head count in case of fire, emergency etc.
- **Letters of Notification must be issued *as soon as practicable*** to the child, their parent, carer or other persons considered by the Department to be significant in the child's life. These Notices are a legislative requirement - s.88C(5) and s.88F(5). The Notices advise the relevant people of the making of a secure care arrangement and the secure care period, once known. These Notices are to be issued by the Director Secure Care.
- Ensure that a file with all relevant paperwork is made-up.
- This paperwork can be found in the Admit Kit folder and should consist of:
    - Face page
    - Client Clothing & Personal Belongings Record
    - Client Transition & Exit form
    - 48 Hour Observation Report (which includes the admission report)
    - Client Contact Sheet
    - Client Statistical information Sheet
    - File Notes
    - Secure Care Initial Planning Meeting
    - Doctor's report
    - Letters of Notification to the child, their parent, carer or significant other, regarding the making of the secure care arrangement and the secure care period.
- An "Aboriginal Admission Contact Checklist" must be completed and faxed to Aboriginal Engagement & Coordination;
- All children or young people identified as Aboriginal may share a bedroom with another client where practical. If not practical, 5 minute recorded bedside checks must be carried out.

13. MEDICAL ASSESSMENT AND MEDICATION

Purpose:
To ensure that the secure care admission process promotes good health outcomes for all children or young people.

(Note: Health and Medication is covered in section 34 of these Practice Guidelines in greater detail).

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
As part of the admission process, the child or the young person may require an immediate medical assessment to ensure that they are fit for admission.

In these circumstances, the child or young person is to be admitted to secure care and then triaged by the secure care nurse if available. If the nurse is not available, the on-call secure care doctor is to be contacted as per the on-call protocol.

All medication is to be recorded and stored safely and securely in a lockable fridge in the secure care operational (POD) room.

Administration of all medication will be appropriate and timely, and accurately recorded/ reported.

Secure care staff will:

- promote health practices that maintain good health for all children or young people in secure care
- monitor the health needs of all children or young people and meet duty of care obligations by recognising and responding to changing health needs or accidents. implement agreed procedures and practices to promote good health outcomes and maintain safety for all children or young people
- keep required records about the provision of health care to children or young people
- provide essential health care for a child or young person in an emergency situation if professional assistance cannot be promptly accessed.

The Assist record is to be updated before the Secure Care Initial Planning Meeting in accordance with the Assist Secure Care Admission recording process (refer to section 12 of these Guidelines).

Related Resources
24 hours a day poisons information – call 13 11 26
Nursing Assessment
Admin Assessment
Body Image (female doc)
Scabies Protocol
HEADS Assessment Tool
Medical On Call Process
Medication Protocols
Clinical Exam
Path Supplies
Panadol and Neurofen Protocols

Procedures

MEDICATION PROTOCOLS –
Admission

1. Any medication taken on a regular basis by children or young people being admitted to secure care is expected to be in Webster paks.

2. Children admitted with medication in Webster paks (or similar sealed and labelled packing) can have this dispensed according to the protocols below. This is to be

recorded on a temporary medication recording sheet until they have been medically examined and medication profile and medication recording sheet has been arranged.

3. Children admitted without medication –in the situation where a child is admitted to the Centre who is known to be on regular medication but does not have either this medication or appropriate scripts, the Senior Secure Care Officer will contact the duty doctor for direction.

4. At the first medical examination, the doctor will arrange for the Mundaring Pharmacy to complete the following in relation to all children on medication: -

    a. A signing sheet and administration record
    b. A medication profile chart
    c. Webster medication pack for the first week

    In order for this to be done, the Pharmacy will require –
    - a jpeg photo to be emailed to mundaring@amcal.net.au
    - all medication and scripts brought in to secure care by the child.

5. Storage of medication and medical charts:
    - All Webster paks will be stored together with the signing, administration record and medication profile sheets in the designated locked area within the POD.
    - A copy of the Medication Profile Chart will be attached to the child's records

6. Webster paks will be made up by the Pharmacy each week and delivered to the Secure Centre on a Tuesday morning. Any changes to medications must be notified to Mundaring Pharmacy at least 24 hours beforehand.
   Contact details – Mundaring Pharmacy telephone: 9295 1063

7. Dispensing medication:
   The secure care team will dispense medications at 8am, 12am and 5.30pm (prior to the evening meal)

   Details of any children on medication will be recorded clearly on a white board in the POD (secure care operational office). This will include timing of medications and, for individuals on short term medications such as antibiotics, a date at which the medication was started and when it should be ceased.

   At medication times, the Webster pak and signing sheet will be taken from the locked area in the POD. This is to be checked and counter-signed by a second member of staff prior to medication being taken from the POD.

   Once the team member has confirmed that the photographs on both the Webster pak and signing sheet match the child, the medication will be taken out of the Webster pak and placed in a medicine cup.

   The medication will then be taken either the child's room or an appropriate private area. The team member giving the medication will check that the name and photograph on both the Webster pak and signing chart match with the child.

   The medicine cup will be given to the child with a glass of water and the team member will ensure that he or she observes the child taking the medication.

Once the medication has been taken, the team member will sign the signing sheet – and cross-off on the white board as being given.

The Webster pak and medication signing sheet will then be returned to the locked area within pod.

8. As required medications -
   - On the occasion that single dose medication is required, such as neurofen or panadol, these will be given according to the protocols listed below as with regular medication.
   - the signing sheet and the single dose of medication will be taken from the POD.
   - The team member will then confirm that the photographs on both the Webster pack and PRN signing sheet (back of the normal medication signing sheet) match the child.
   - The medication will then be placed in a medicine cup and then be taken to either the Childs room or a private area.
   - The team member will then check that the photos of on the signing chart matches the child prior to giving the medication.
   - The team member will observe the medication being taken and then record this on the chart.
   - If the child does not have a medication signing chart then a chart will be made up with details of allergies and any other essential information.

   Medication refusal –
   - Should a child refuse medication this is to be recorded on the medication sheet.
   - If there are immediate concerns for the child as a consequence of medication refusal, such as in the case of insulin refusal, the doctor will be contacted.

   If there are no immediate safety concerns, the refusal will be documented on the medication signing form and this will be brought to the attention of the health team at the next available opportunity.

9. Individual medical management sheets -
   Any child who has a medical condition which may require emergency management, such as allergies or asthma, will have a medical management sheet completed as part of the initial medical examination. A copy of this sheet will be kept on the child's file with a second copy together with a signing sheet and any emergency medication which may be required in the POD.

10. Changes to medication-
    If changes are made to prescribed medication by either the secure care doctor or consultant psychiatrist, it is their responsibility to ensure that these changes are recorded clearly on both the medication profile chart and on the client file.

    If changes are made by an outside service (such as an afterhours service), it is beholden upon the team member to ensure that any medication changes are documented on the medication chart and signed by the doctor who saw the child. These changes must then be communicated to the Pharmacy so changes can be made to the Webster pak.

    Upon admission to secure care, a standard *Medical Recording Sheet* is prepared as part of the child or young person's care plan. This records all relevant medication details. These should be confirmed with the case manager, and child or young person if appropriate, at the time or at the earliest possible opportunity.

If the young person is on prescribed medication, a *Medication Signing Chart* is prepared. This form is used for recording the administration of medication as it is given. Two staff members are required to sign this form stating the medication was offered and taken. Alternatively, a refusal should be recorded as such.

The administration of medication must also be recorded in the *Logbook*. Staff must record the person's name in the left column, followed by the time and "medication taken" or "medication refused". If medication is refused in excess of a 24 hour period the case worker must be notified.

Secure care staff must always check the medication chart and log book to confirm time and date of last administration of medication before administrating further medication.

Secure care staff must never give the child or young person more than the prescribed amount. If in doubt an appointment must be made with the doctor at the earliest possible time.

Administering medication

Independent administering of medication is not generally appropriate and will depend on the age of the child or young person and the nature of their health care needs (eg. asthma inhaler). Secure care staff are required to observe and confirm that a child or young person has taken their medication and record the child or young person's action.

Each time a child or young person takes medication a record must be made and stored as part of the child or young person's health care records (Medication Chart, the Logbook and the whiteboard on the secure care POD).

Incorrectly labelled or out of date medication or medical equipment that is not in good working order must not be accepted for use by secure staff and is to be reviewed by the secure care doctor.

All instructions for the administration of long-term medication (that taken for an ongoing condition) must be recorded as part of a child or young person's Medication Signing Chart.

The secure care doctor will review each child's medical plan and provide advice and direction in respect to medication and the dosage of prescribed medication.

Case managers are responsible for providing all medication instructions and any previous adjustment to the dosage. Where the requested dosage is within the range specified by the medical practitioner staff must administer the medication accordingly.

Secure care staff will ensure a child or young person's medication is prepared in Blister packs to ensure correct dosage is provided. This should always be the procedure for child or young person in non emergency services.

Before administering any medication, staff should first check the following points:

1. Ensure that the young person is the same person as named on the medication container
2. That the young person is not under the influence of other drugs or substances.
3. The name of the drug.
4. Dosage- number and size (milligrams) of tabs.
5. Time

6. It is prescribed by a doctor
7. All medication administration must be confirmed and witnessed by a second staff member. Both staff members must sign the medication chart and log book.
8. The secure care staff member administrating the medication must ensure that the child or young person or young person has actually consumed the medication.

Non-Prescription Medication
Administration of non-prescription medication (eg. Panadol) may be authorised by a case manager or secure care doctor, Psychiatrist on Mental Health Nurse. The Senior Manager Secure Care and Senior Secure Care Officers must ensure that the administration of non-prescription medication is managed as if it were a prescribed medication (ie. consultation with the secure care doctor to occur in respect to non-prescribed medications and Medication Chart and the Logbook).

Storage of Medication
Medication will be stored in a secure storage unit in the secure care (POD) operational centre that can only be accessed by authorised staff (ie. in the office), unless it needs to be refrigerated or must be immediately available to the child or young person.

Medications that are required to be refrigerated must be stored in a secure labelled container.

Alternative arrangements for storing medication must be made when it is necessary for a child or young person to have the medication immediately available.

14. RECONSIDERATION & REVIEW OF SECURE CARE DECISION (Protected children)

Purpose:
To provide clear processes and clarify the documentation required for a CEO 'Reconsideration' or a State Administrative Tribunal 'Review' of a secure care decision in respect of a protected child or young person.

Practice Requirements
Section 88G of the CCS Act enables a secure care decision regarding a protected child[4] to be reconsidered upon written application to the CEO by –

- the child to whom the decision relates;
- a parent of the child;
- the child's carer; or
- any person considered by the CEO to have a direct and significant interest in the wellbeing of the child

This is referred to as a 'reconsideration'.

A secure care decision is:

a) a decision under section 88C(1) to make a secure care arrangement in respect of a protected child; or

b) a decision under section 88F(1) as to a secure care period; or

c) a decision under section 88F(3) to extend a secure care period.

[4] A child who is under a protection order (until 18) or protection order (time-limited)

The CEO has delegated this function to reconsider a secure care decision to an officer at Executive Director level. The reconsideration must not be conducted by an Executive Director if he or she has been responsible for or had direct input into the secure care decision/s. If the Executive Director ACS is unable to carry out the reconsideration, the following order applies:

- Executive Director Metropolitan or Country;
- Executive Director Policy and Learning or Service Standards and Contracting.

Application for a reconsideration must be in writing and set-out the grounds on which the reconsideration is being sought. It must also specify which secure care decision is to be reconsidered.

The outcome of a reconsideration will be either to confirm, vary or reverse the secure care decision. The applicant must receive written reasons for the decision, or substitute another decision in its place.

If an applicant is not satisfied with (aggrieved by) the outcome of the reconsideration, he or she may apply to the State Administrative Tribunal (SAT) for a review of that decision.

A protected child is entitled to access legal advice in relation to an application for reconsideration and/or a subsequent application to the SAT for review of the reconsideration decision.

Related Resources
Notification Letter of Admission
Request for Reconsideration letter
Decision of Reconsideration letter
Department for Child Protection Delegation Matrix
Children and Communities Service Act 2004 - sections 88G and 88H
State Administrative Tribunal application form (www.sat.justice.wa.gov.au)

Procedures
Upon admission to Secure Care, all children and young people will be given certain information (refer to section 12 of these Guidelines). **The following information is relevant to protected children only** (that is, only to those children who are under a protection order (until 18) or a protection order (time-limited):

- What a "reconsideration" is, including who may apply and how.
- Who can help the child or young person with their application if they wish to make one.

The Senior Child Protection Worker Secure Care or Senior Manager Secure Care should advise the **Children's Court Protection Services of Legal Aid WA**, by email, of every admission to Secure Care: ccps@legalaid.wa.gov.au.

Admitting staff should inform all children thinking of applying for a reconsideration that they can ask to see a lawyer from Legal Aid WA to discuss their situation with first. If the child wishes to see a lawyer, the initial email advice to Legal Aid must be followed up with a phone call to 9218 0160 and the relevant referral and assessment documents forwarded to the relevant lawyer as soon as possible.

All applications for Legal Aid are subject to a merits test, which means that some will be successful whereas others will not.

Children should apply using Secure Care Template 5.1 – Application for reconsideration of secure care decision. The application must indicate which of the following decisions is to be reconsidered and the grounds on which it is being sought:

1. the decision to make a secure care arrangement;
2. the decision as to the secure care period;
3. the decision to extend the secure care period.

The application is forwarded straight away by the Director / Senior Manager Secure Care to the Executive Director responsible for the reconsideration, with all documentation relevant to the secure care decisions made, including the Secure Care Referral form and Initial Planning Meeting documents if the meeting has already occurred.

The Executive Director is to complete the reconsideration within 24 hours or as soon as practicable after receiving it and must give the applicant written notice of his or her decision and the reasons for it, using Secure Care Template 6.1. This notice is to be given as soon as possible (s.88G(5)).

The Executive Director is to advise the Director Secure Care of the outcome of the reconsideration as soon as practicable to enable secure care to take any recommended actions. The outcome of the reconsideration may be to confirm, vary or reverse the decision that was reconsidered, or to substitute another decision.

If an applicant is aggrieved with the outcome of the reconsideration, he or she may apply to the State Administrative Tribunal (SAT) for a review of that decision. Applications must comply with the SAT's requirements.

The Director Secure Care will be available to assist the child or young person in accessing the relevant help and forms if they wish to apply to the SAT for a review of the reconsideration decision. This may involve accessing a legal representative for the child, or another advocate such as the Advocate for Children and Young People in Care.

Other applicants

Parents, carers or other persons considered significant by the CEO will receive Notices about their child's secure care arrangement. If the child is a 'protected child', the Notice contains information about their right to apply for reconsideration of a secure care decision. These applicants should also use Template 5.1.

15. ASSESSORS – SECURE CARE CENTRE

Purpose:

To provide clarity regarding the role and functions of persons appointed to be an assessor in respect of a residential facility or a secure care facility.

Practice Requirements

The CEO can appoint a person to be an assessor, if satisfied that the person has the experience, skills, attributes or qualifications the CEO considers appropriate to exercise the powers provided under section 125A of the CCS Act. An officer of the Department is not eligible to be an assessor.

An assessor must have a valid Working with Children Card. Each assessor must also be issued with an approved identity card and display the card when visiting the Secure Care Centre.

An assessor may visit the Secure Care Centre at any time and do one or more of the following:

a) enter and inspect the facility;
b) inquire into the operation and management of the facility;
c) inquire into the wellbeing of any child in the facility;
d) see and talk with any child in the facility;
e) inspect any document relating to the facility or to any child in the facility (section 125A(3).

A child, or the child's parent or other relative may request a visit from an assessor to see and talk with the child (section 125A(4A)).

Assessors must provide a written report to the CEO after every visit to the Secure Care Centre.

An assessor is to be paid such remuneration and allowances as the CEO, on the recommendation of the Minister for Public Sector Management, determines.

Related Resources

Working with Children (Criminal Record Checking) Act 2004 - section 6(1)(vi)
Children and Community Services Act 2004 - sections 125A and 125B
Letter requesting assessor visit a child

Procedures

During the admission process, the Director Secure Care or other senior staff will be available to meet with and inform the child or young person about the assessor and their role.

Any request for an assessor to visit a child or young person is to be forwarded to the Director General of the Department for consideration.

The Director Secure Care is to record the request for an assessor to visit the child or young person in the Assist client file record and the outcome of the request.

Secure care staff will assist an assessor who may at any time visit a residential or secure care facility and do one or more of the following:

a) enter and inspect the facility;
b) inquire into the operation and management of the facility;
c) inquire into the wellbeing of any child in the facility;
d) see and talk with any child in the facility;
e) inspect any document relating to the facility or to any child in the facility.

Assessors' written reports will be considered by the Director General.

16.SECURE CARE INITIAL PLANNING MEETING

Purpose:
To share important information and work collaboratively with the case manager, other relevant service providers and the young person and their family, to develop a plan which identifies:

- the objectives to be worked towards while the child/ young person is in secure care; and
- the needs of the child/young person in his or her transition from secure care to other living arrangements.

The agreed plan will form a basis for regular reporting on the child/ young person's progress and will inform the safety plan, individual therapeutic plan and exit plans.

The District referring the child or young person to secure care retains all case management responsibility, including the chairing and documentation of the Secure Care Initial Planning Meeting and modification of the care plan or provisional care plan (the plan).

Practice Requirements

Protected Child (protection order (time limited) or protection order (until 18)) -
A protected child's care plan must be modified as soon as practicable but in any event not more than two working days after their admission to secure care.

Provisionally Protected Child -
A provisionally protected child's provisional care plan must be modified as soon as practicable but not more than two working days after admission to secure care. If the child/ young person has no provisional care plan at the time of placement, then one must be prepared within the same timeframe.

The plans must:
- identify the needs of the child in his or her transition to other living arrangements after leaving secure care.
- outline steps or measures to address those needs and to reduce the likelihood of the child being readmitted to secure care.

- The development of the plan is the responsibility of the District Case Manager.

- The Initial Planning Meeting is the responsibility of the District and is to be chaired by the District Director or the Assistance District Director if the District Director is unavailable.

- The Secure Care Practice Support Team is to assist and direct District staff through the process and ensure the above legislative requirements are met.

Related Resources
Children and Community Services Act 2004 - section 88I
Provisional Care Plan
Care Plan
Signs of Safety Mapping
Referral to Secure Care Form
Admission to Secure Care Form
Secure Care Initial Planning Meeting
Educational Report
Mental Health Report

Health Report
Individual Therapeutic Plan

Procedures

A Secure Care Initial Planning Meeting is held as soon as practicable after an admission, but in any event no later than two working days of the child/young person being admitted to secure care.

The meeting is chaired by the District Director overseeing the management of the child/young person's placement.

The child, child's parent(s), child's carer(s) and any person considered by CEO to have a direct and significant interest in the well being of the child, are provided with the opportunity to participate in the Secure Care Initial Planning Meeting, as appropriate.

As soon as practicable following admission to secure care, but in any event not more than two working days after, the admitted child or young person's care plan or provisional care plan must be modified. (If the child or young person does not yet have a care plan or provisional care plan, one must be prepared within the same time frame.) This is a requirement of section 88I of the CCS Act.

Modification of care plans or provisional care plans usually occurs at the Secure Care Initial Planning Meeting.

Section 88I(5) of the CCS Act requires the care plan or provisional care plan to:

- identify the needs of the child to transition to other living arrangements after leaving the secure care facility; and
- outline the steps or measures designed to address those needs and reduce the likelihood of being placed in a secure care facility again.

The plan will also identify the agreed objectives, actions and tasks; who is responsible for them (including resources); the time frame; and a measure of achievement. The case manager is responsible for writing-up/modifying the care plan or provisional care plan and publishing it to Assist.

A copy of the modified plan is distributed to the child, child's parent(s), child's carer(s) and other significant people by the case manager, as appropriate and in accordance with the requirements of section 89 of the CCS Act.

The plan must be approved by the District Team Leader and Senior Manager Secure Care.

A printed copy of the plan is placed on the child/young person's secure care file.

The District case manager and secure care staff will manage the process of working towards leaving secure care from the outset of a child's period in secure care. The transition and exit planning process will be addressed at the Secure Care Initial Planning Meeting, as this sets-out the tasks to be undertaken to ensure the child or young person is successfully transitioned out of secure care.

An exit planning meeting will be held no later than two working days before leaving secure care. Continuity and support will be provided by the case management of the District after leaving.

17. INDIVIDUAL THERAPEUTIC PLANS

Purpose:
To use the information and priorities identified within the Referral to further identify specific objectives; and develop and implement agreed strategies for all staff to consistently apply when engaging with the child/ young person.

Practice Requirements
The Senior Consultant Psychologist oversees the development of the Individual Therapeutic Plan (ITP). The ITP:

- is to be informed and developed in conjunction with the Secure Care Health Team, Specialist Secure Care Teachers and Operational Secure Care Officers
- is to be informed and developed in conjunction with the Secure Care Practice Support Team and the District responsible for the care of the child or young person.
- is collaboratively developed and implemented by the care team.
- forms the framework in which all secure care staff engage in a consistent therapeutic manner with the child/ young person to develop his/ her agreed needs.
- is linked to care plans and provisional care plans and is informed by the Therapeutic Care Model.
- is reviewed as required by the Therapeutic Care Team and amended accordingly.
- is an essential part of the young persons transition / exit planning process.

Related Resources
Provisional Care Plan
Care Plan
Signs of Safety Mapping
Referral to Secure Care Form
Admission to Secure Care Form
Secure Care Initial Planning Meeting
Educational Report
Mental Health Report/s
Health Report
Individual Therapeutic Plan

Procedures
The Secure care Manager is responsible for ensuring the development, implementation and review of ITPs for each of the children/ young people in their care.

The Senior Consultant Psychologist is responsible for overseeing the development of the Individual Therapeutic Plan, supporting the implementation of the plan and provides “hands on” support to staff.

ITPs are developed collaboratively with input from all Secure Care Therapeutic Care Teams and the District case management team:

- Therapeutic Care Team
- Practice Support Team
- Health Team
- District Case Management Team

- External Agencies involved with the child or young person who may already have a Individual Therapeutic Plan in place.

The ITP will identify a child/ young person's specific behaviour and/ or need that staff will work therapeutically on in an agreed and consistent manner with the child or young person.

ITP's are reviewed at least every week, or more frequently if necessary, by the Secure Care Therapeutic Care Team and adjusted as required.

Usually not more than one behaviour and/or need is targeted within an ITP at anyone time.

Progress made is recorded on a daily basis and reported back through to the Secure Care Therapeutic Care Team and District Case Manager and management team.

The implementation of an ITP is the responsibility of all secure care staff whilst the young person is a resident at secure care.

Senior Consultant Psychologist oversees the development of all individual therapeutic plans with all parties participating.

Senior Manager Secure Care oversees secure care therapeutic operations, staffing, Secure Care Initial Planning and transition meetings and legislative requirements;

Senior Secure Care Officers oversee implementation of therapeutic care and operational process (e.g. security).

Secure Care Officers implement therapeutic care program, support in the education program and deliver the evening program for children and young people in our care.

The on-going responsibility for the child or young person's ITP is transferred as part of the transition / exit planning process to the District Case management team and the child or young person's carers.

Note: Carers are encouraged to have as much contact as possible during a young person's stay in secure care.

18. SAFETY PLANS FOR AT RISK CHILDREN OR YOUNG PEOPLE

Purpose:

Secure care staff are required to implement safety plans for a child/ young person in secure care.

Standards

Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements

The Department's duty of care to others requires that special consideration be given when placing children or young people who are a risk to others.

A safety plan must be put in place to protect others in secure care if a young person poses a risk.

All secure care staff should be provided with relevant information about the child/ young person to enable them to fully understand the implications of caring for the child/ young person.

District officers need to consider the risks some children/ young people may constitute to others and inform secure care via the referral and admission process, as well as identify interventions that were successful or unsuccessful in assisting the child or young person.

A safety plan must be completed as part of the referral and admission process. It is to be endorsed by the District Director and the Secure Care Director, and approved by the Executive Director ACS. It is to be made available to all secure care staff who have to implement the safety plan.

Related Resources

Referral to Secure Care
Admission to Secure Care and Observation process
Mental Health Report/s
Health Report
Medical Assessment
Children and young people's medicines
Security Checks and Issues
Staff Security procedures
Transports
Secure Care Initial Planning Meeting
Educational Report
Individual Therapeutic Plan
Provisional Care Plan
Care Plan

Procedures

If a child or young person is admitted to secure care without a current safety plan, a plan must be developed immediately by the secure care team in consultation with the Director Secure Care and the admitting District Director or the Crisis Care on-call person.

Any risks should be identified as part of the assessment process, be considered in the context of the proposed secure care arrangement, and form the basis of developing a safety plan. Children/ young people considered a risk to others may exhibit one or more of the following risk factors:

- violence towards caregivers, other adults or other child/ young person
- sexualised behaviours or a history of sexual assault against other child/ young person and adults
- offending against other child/ young person
- a history of substance use
- mental health issues which may impact on behaviour
- current health issues such as HIV and other blood borne viruses.

If a child/ young person is admitted without any information, secure care staff should be cautious and develop a suitable (interim) safety plan:

- The safety plan for the child or young person should include 48 hour observations at 5 minute intervals.

- If the child or young person is considered at extreme risk, the child or young person is to be observed continuously.

- Consultation with the Senior Manager Secure Care during hours, and with the Director Secure Care out of hours, is to be undertaken when a safety plan has not been completed as part of the admission process, or it is considered in-adequate or out-dated and requiring amendment.

-A safety plan should:

- be appropriate to the specific circumstances of the placement and the individual child/ young person
- identify the risks posed by the child/ young person and contain specific strategies to overcome these risks to others
- include strategies in the event of the child/ young person wishes to attend a camp or other residential activity

All secure care staff must be familiar with a young person's safety plan.

The child/ young person must participate in the development of the plan.

When a change in placement occurs, all relevant parties must receive comprehensive information about the background of the case, and a copy of the care plan and safety plan prior to the transfer.

19.TRANSITION FROM SECURE CARE CENTRE

Purpose:
To provide clear processes and clarify the documentation required for the exit or transition of a child/ young person from secure care to their place of care, as identified in the Initial Secure Care Planning Meeting.

Practice Requirements
The District, as the case manager, remains responsible for the development and implementation of the young person's transition plan to provide and facilitate access to appropriate services in the community when leaving secure care.

Transition planning commences when the child/ young person is admitted to secure care. All exit and transition care planning, funding, services, referrals and actions should be documented and recorded in ASSIST as part of the Secure Care Initial Care Planning Meeting.

Transition to exit is an integral part of the overall comprehensive care planning process. An exit planning meeting will be conducted prior to the child/ young person exiting the program to ensure processes are in place for a smooth transition to this/ her next placement.

Related Resources

Leaving Care specific link to CPM
Initial Planning Meeting template
Exit / Transition template

Procedures
Initial planning for transition from secure care to a more permanent placement commences on admission and remains part of the ongoing assessment, planning and review process.

All stakeholders are involved in the planning for transition to exit process. However, the case manager is responsible for the transition of the child/ young person to their future placement.

Secure care staff will collaborate with all stakeholders to ensure that the transition occurs as seamlessly as possible and may provide follow up support as required.

The case manager is responsible for the distribution of all case material to other parties involved in the child or young person's transition plan from secure care.

Secure care is responsible for assisting in the child or young person's return to the community in a planned manner that covers the following areas:

- Medical Information
- Medicines and Prescriptions
- Clothing
- Personal Belongings
- Transport arrangement (Metropolitan and Regional)
- Treatment Plan
- Important Contact Numbers

A child or young person's personal property, which includes all personal belongings such as money, personal or valuable items will be returned to them and signed for at the point of exiting secure care.

CHAPTER 4 STAFF ROLES, RESPONSIBILITIES & SUPERVISION

20. STAFF ROLES AND RESPONSIBILITIES

Purpose:
To provide an overview of the roles and responsibilities of individual members of the care team in providing a safe and therapeutic living environment for children or young people in secure care.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
All secure care staff members contribute different expertise and strengths, in a variety of roles, to a collaborative care team which aims to provide a consistent, safe and nurturing environment for children or young people in residential care.

To provide an overview of the secure care team's roles and responsibilities in providing a safe and therapeutic living environment for children/ young people in secure care. (ie managers; psychologists; education officers; secure care officers, child protection officers and the health team).

Many of the young people placed in secure care have been exposed to high levels of physical, emotional, or sexual violence and as a result may model similar behaviour towards others.

The Sanctuary Model of organizational change as applied to children's residential treatment, a trauma-informed method for creating or changing an organizational culture in order to more effectively provide a cohesive context within which healing from psychological and social traumatic experience can be addressed. The theoretical underpinnings of the model are addressed, with an emphasis on the parallel process nature of chronic stress as seen in the behaviour of children and of staff, as well as the organization as a whole. A description of the process involved in creating a healthier therapeutic community is described.

The Sanctuary Model represents a trauma-informed whole system approach designed to facilitate the development of structures, processes, and behaviours on the part of staff, children and the community-as-a-whole that can counteract the biological, affective, cognitive, social, and existential wounds suffered by the children in care.(Bloom 2005)

All secure care staff contribute different expertise and strengths, in a variety of roles to a collaborative care team which aims to provide a consistent, safe and nurturing environment for child/ young person considered to be at immediate and substantial risk and at significant risk of harm to themselves and or to others and at times display challenging behaviour.

The culture and operational philosophy of the Department's residential care facilities and the Secure Care Centre is underpinned by the Sanctuary Model. The aims of the Sanctuary Model are to guide an organization in the development of a culture with seven dominant characteristics all of which serve goals directly related to trauma resolution:

- Culture of Nonviolence – helping to build safety skills and a commitment to higher goals
- Culture of Emotional Intelligence – helping to teach affect management skills
- Culture of Inquiry & Social Learning – helping to build cognitive skills

- Culture of Shared Governance – helping to create civic skills of self-control, self discipline, and administration of healthy authority
- Culture of Open Communication – helping to overcoming barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries
- Culture of Social Responsibility – helping to rebuild social connection skills, establish healthy attachment relationships
- Culture of Growth and Change – helping to restore hope, meaning, purpose and empower positive change.

Resources

Secure Care Organisational Structure
Aboriginal Spiritual Health Referral Form
MOU Child Adolescent Health Services & Child Adolescent Mental Health Services
MOU Education and Hospital School Services
Child Information Package
Child Participation Process
Reconsideration & Review Process
Assessors
Secure Care Arrangement Notification Letters to child, parent, carers and or significant others

Procedures

The operational structure of the Secure Care Centre consists of three key parts:

Therapeutic Care Team:

- Senior Consultant Psychologist who oversees the development of individual therapeutic plans with all parties participating.
- Senior Manager Secure Care oversees secure care therapeutic operations, staffing, 48 planning and transition meetings and other legislative requirements
- Senior Secure Care Officers oversee implementation of therapeutic care and operational process (e.g. security)
- Secure Care Officers implement therapeutic care program, support in the education program and deliver the evening program for children and young people in secure care

Practice Support Team:

- Senior Secure Care Manager
- Teachers
- Mental Health Nurses
- Senior Child Protection Officer
- Education Officer
- Aboriginal Practice Leader

This team is responsible for linking between the Centre and with DCP District Offices and staff , including Education and Mental Health staff and assisting them through the practice processes and requirements, as well as playing an integral role in the review of or development of care plans, achievable transition and exit plans for children and young people leaving secure care.

Health Team:

- Senior Manager Secure Care
- Senior Consultant Psychologist
- General Practitioner (.2 FTE)
- Mental Health Nurse (1.5 FTE)
- Psychiatrist (.2 FTE)
- Aboriginal Practice Leader

This team will work closely with the Therapeutic Team in an informing and directing role in relation to children and young people's individual therapeutic plan with specific focus on the young person's physical, mental and emotional health, which can and may include spiritual health.

While different levels of responsibility exist in accordance with line management roles, a successful secure care team focuses on the child or young person's needs; communicates openly; plans and works closely together; and supports each other to best meet the needs of the child/ young person in their care.

All secure staff have a responsibility in maintaining the highest possible standard of therapeutic practice.

Procedures

The Senior Manager Secure Care and Senior Secure Care Officers are responsible for overseeing the delivery of therapeutic care to children and young people whilst in secure care. The Secure Care Management team works in a respectful, open and responsive way, leading the changes and being responsible for promoting therapeutic practice consistent with the Department's Conceptual and Operational Framework.

A key element of the **Senior Manager Secure Care** role is to develop positive relationships with District staff, external agencies and neighbours, and oversee the successful re-integration of children and young people into the wider community.

The **Senior Consultant Psychologist** provides specialist advice and consultative support to staff on the provision of therapeutic care to children/ young people. The Psychologist is based at the Centre, and is involved in all aspects of the child/ young person's daily life.

The psychologist is a change agent in the delivery of services to children/ young people in the secure care setting by:

- working closely with the manager on ways to make the Centre a more therapeutic environment;
- working collaboratively with secure care staff and guiding and supporting the provision of therapeutic care; and
- interacting with the child/ young person directly in ways that guide change and improvement.

Senior Secure Care Officers create an environment consistent with the Sanctuary Model culture and the seven main values as part of developing a common purpose and team cohesion in the provision of therapeutic care.

Senior Secure Care Officers plan and implement practices that are consistent with procedures and therapeutically based, encourage continuous improvement and achieve positive outcomes for the children and young people.

Secure care management staff are responsible for providing professional support and guidance to all secure care staff as part of developing a proficient, competent and accountable practice consistent with the Department's Conceptual and Operational Framework.

Secure Care Practice Support Team

The Secure Care Practice Support Team consists of the Senior Manager Secure Care, Senior Child Protection Officer, Education Officer, Aboriginal Practice Leader and teachers. This group works closely with the District case management team and will:

- provide consultation and direction to secure care staff involved in the implementation of the secure care therapeutic program;
- provide reports to the Secure Care Initial Care Planning Meeting, Transition and Exit planning process as well as support to the child and you young person in their transition from secure care to their community placement;
- provide pre and post support to District staff in liaising with other government and non government agencies involved in the child or young person who has been admitted to secure care; and
- provide a quality assurance to the recording and reporting of a child and young person's admission to secure care, e.g.: ensuring all recording into Assist and Objective has been completed against legislative standards.

Senior Secure Care Officer

The **"Senior Secure Care Officer" (SSCO)** is responsible for the implementation of the secure care therapeutic program. This includes:

- the day to day management of the security of the secure care therapeutic program; and
- the provision of a high standard of therapeutic care consistent with the child or young person's individual therapeutic plan;
- the supervision of and working alongside secure care officers in all matters impacting on the management and welfare of the children/ young people in secure care. The SSCO directs the operations of secure care and ensures compliance with legislation, departmental policies and practices and management instructions; and
- the identification and improvement of practice, security and policy issues in relation to the operation of secure care.

Secure Care Officer

"Secure Care Officers" (SCOs) are members of the Secure Care Therapeutic Team. SCOs create and maintain a therapeutic, safe and caring environment for children / young people in a manner consistent with the Department's therapeutic Conceptual and Operational Framework. They plan, coordinate and participate in lifestyle and recreational activities with children/ young people to promote positive growth and development.

The SCOs monitor and contribute to the daily activities of children/ young people and provides a high standard of therapeutic care and supervision. They undertake and organise housekeeping and maintenance to ensure a positive and safe physical environment.

The SCOs produce written case notes and recordings of activities and critical incidents to assist with the record keeping and to meet statutory requirements. They may also liaise with families and where appropriate, provide support.

21. CONFIDENTIALITY AND INFORMATION SHARING

Purpose:
To guide staff in the need for confidentiality and the necessary integrity and professional judgement expected in the workplace regarding the disclosure of any information pertaining to any child/or young person in secure care or any staff member.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
The Department is committed to maintaining confidentiality of information for all children or young people in our care and secure care staff working in the Centre.

Personal information about clients is subject to strict confidentiality. The requirements of the *Children and Community Services Act 2004* and the principle of "need to know" should guide the release or sharing of confidential information with third parties.

Related Resources
Children and Community Services Act 2004 - section 23
Mutual Information Exchange and Working with Agencies.aspx
CPM - 7.19 Identification of Children in Care of the CEO

Procedures
A child or young person has the right to confidentiality about their personal information. Information about any young person in secure care should be kept in the staff office so that residents do not have access. This is particularly important in relation to information about health issues, sexualised behaviour and any disclosures or allegations or legal matters pending.

In the course of a professional relationship, some sharing of information is required with other agencies. At all times staff are required to comply with the legislative requirements of the CCS Act. If unsure about a request for information or the appropriateness of sharing information you should consult with the Senior Manager Secure Care.

Requests for information which fall outside the Secure Care Centre's immediate area of responsibility should be referred to the young person's District case worker or Crisis Care Unit (a/hours).

When responding to phone queries, staff need to be sure the person is genuine. If there is any doubt, the matter must be referred to the Senior Manager Secure Care during working hours or afterhours, to the Director or Senior Manager Secure Care or the Crisis Care Unit. Secure care staff are not to discuss personal details about a child or young person in care with, or in the hearing of, another child or young person. Conversations about children and young people should always be discreet and not conducted in the public domain.

All files are to be kept in a secure place when not in use. To ensure the privacy and security of confidential information, locked cabinets are to be used for storage of all personal documents and items. The cabinet is to be kept locked at all times.

To dispose of confidential information, papers must be shredded or placed in a secure (blue) bin.

Confidentiality may be limited in cases where:

- There is a clear possibility of harm;
- There are reciprocal procedures (Police, Princess Margaret Hospital, Dept of Justice etc.); and/or
- There are ethical reasons (such as the need to protect the child or young person).

If in doubt, contact your Senior Manager Secure Care or Director and or the legal section of the Department during office hours, or the Crisis Care Unit after hours.

Photographs
Publication that leads to the identification of children or young people in the CEO's care is prohibited under section 237 of the CCS Act unless written authorisation is received in accordance with that section. Refer to Casework Practice Manual entry 7.19 for details.

In general, staff should observe the following guidelines:

- A child or young person's photo may only be taken with their permission.
- Photos must not contain an identifiable background (ie government vehicle or premises)
- Photos must NOT be published without the appropriate authorisation as required under section 237 of the CCS Act.

22. STAFF TAKING A CHILD OR YOUNG PERSON TO A PRIVATE HOME

Purpose:
To direct that staff never take a child or young person to their own home.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
For confidentiality and safety reasons, no staff member is to take a young person who is a resident or past resident of secure care to the staff member's private residence.

If staff believe there is a legitimate reason for taking a resident to the staff member's own residence, they must first obtain written permission from the Director Secure Care or, in the Director's absence, the Senior Manager Secure Care.

23. STAFF SUPERVISION

Purpose:
To provide a constructive and supportive supervision process that focuses on the strengths and learning areas of the staff member.

Supervision is a developmental activity to consider worker responsibilities and discuss strategies to deliver these.

It will provide secure staff with professional support and guidance which enables them to perform their job effectively and develop proficient, competent and accountable practice with the aim of improving services to the child/ young person in their care.

Secure care supervision is undertaken in accordance with the Department's Reaching Forward and Supervision model.

Secure care staff will be required to participate in reflexive praxis in line with the Residential Care Conceptual and Operational Framework and the underpinning Sanctuary Model of Organizational Change for Children's Residential Treatment.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care
Reaching Forward

Practice Requirements

- Regular ongoing supervision should be available to all secure care staff.
- All secure care staff are required to attend formal supervision.
- Senior Manager Secure Care and Senior Secure Care Officers will implement strategies to ensure that quality supervision occurs regularly within their workplace.
- Reflexive praxis, appreciative inquiry and a 'questioning approach' are encouraged to explore, for example, assumptions, fears and decision making in secure care practice.
- Opportunity to debrief from critical incidents is critical to secure care practice. Residential homes should 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.
- Formal supervision sessions should be recorded, agreed upon and filed so that decisions and actions can be referred to at a later date.
- Supervision processes should be used to identify excellence in secure care practice standards and to celebrate positive outcomes for the child or young person in their care.
- Supervision processes should be used to identify, document and manage performance issues for positive results for both the staff member and the organisation.

Related Resources

Reaching Forward - My Performance Development

Procedures

Supervision should be planned, and both the supervisor and the staff member should have input into the issues to be discussed during the supervision session.

Arrangements should be made prior to supervision, including the identification of an appropriate venue and adequate time allocation free of disruptions.

Supervision should include:

- ensuring that the policies and procedures of the agency are adhered to and that services are delivered to the standard prescribed by the agency
- the development of skills to achieve the required standard of service delivery for the staff member's current job
- professional development to enhance the staff member's skills, knowledge and/or career development. As well as challenging current practice and stretching it to achieve the required standard of service delivery
- opportunities to discuss the stressful work of secure care practice in a supportive and respectful environment. For example: critical incident debriefing, vicarious trauma and personal issues as they relate to the work place
- a process for staff members to address issues that have an impact on service delivery to children or young people, or may impact on working relationships
- Senior Manager and staff identifying, clarifying, documenting and managing performance issues impacting on service delivery to children or young people, or on internal or external working relationships. It provides an opportunity for staff and managers to openly and positively reflect on both performance and development needs.

All employees are provided with a copy of the Department's performance development tool - *Reaching Forward - My Performance Development* package, and electronic copies of all documents are available.

Supervision can be conducted in a number of different ways to serve different organisational and individual needs. Supervision may be conducted through group sessions, case discussions, team meetings, peer supervision and mentoring.

Daily consultation which takes place is part of good secure care practice but is separate to the supervision process. This consultation may occur on a daily basis however does not diminish the need for planned, formal supervision at regular intervals.

The annual review should include an assessment of the learning needs and skill areas that staff need to strengthen and/or develop and the identification of learning and/or professional development opportunities. Refer to the *Reaching Forward - My Performance Development* resource document.

A mutually respectful relationship forms the basis of quality supervision. Integral to this is the need for the supervision process and information exchanged to be confidential.

There may be circumstances where the Senior Manager Secure Care, Senior Secure Care Officers or other relevant staff may need to be made aware of information resulting from the supervision process. This should be discussed with the staff member involved before discussing with others.

A written agreement between the Secure Care Officer and Senior Manager Secure Care may be compiled at the beginning of a supervision relationship. This may include agreed frequency, duration, recording and the format that supervision will take. This can be renegotiated as changes occur.

Matters arising in supervision relating to the Secure Care Officer are documented, usually by the Senior Manager and co-signed. These documents should be kept by the supervisor in a separate file. The Secure Care Officer may also keep a copy for their own records and are entitled to have access to their personal supervision records.

In situations where there is a dispute between a Secure Care Officer and the Senior Secure Care Officer and/or the Senior Manager Secure Care, it should be directed to the Director Secure Care for resolution.

24. COMMUNITY CONSULTATION AND ENGAGEMENT

Purpose:
To clarify the role of secure care staff in facilitating and maintaining positive relations with neighbours

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Staff make every effort to be good neighbours and become a positive part of the community. Staff are proactive in developing and maintaining ongoing communication with their neighbours and other community members to ensure effective two way communication is possible.

Community concerns are taken seriously and dealt with in a timely way. Any complaint is investigated and the complainant informed of the outcome.

Related Resources

Procedures

Secure staff must be sensitive to the needs of neighbours and work to minimise any potential negative impact that inappropriate behaviour, car parking or staff arriving and leaving for shifts may have on their neighbourhood.

The Senior Manager Secure Care, as the senior officer on site, should contact neighbours regularly and encourage open, two way communications as appropriate. The Senior Manager Secure Care (or Director Secure Care) should be contactable, 24 hours, 7 days a week. To ensure that neighbours always have access to an appropriate person, contact numbers for the Secure Care Manager (mobile), Secure Care Centre (land line) 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 Secure Care should be made aware of all incidents and outcomes, and should be involved in cases where local management is not possible.

CHAPTER 5 PROGRAMMING, MEETINGS & DOCUMENTATION

25. PROGRAMS AND MEETINGS

Purpose:
To develop, implement and review plans and daily programs for the child or young person in residential care.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
All available secure care therapeutic staff, and secure care health and practice support staff are required to attend resident and staff meetings and contribute to the development and review of plans, daily activities and programs, where possible. If attendance cannot occur then input is to occur preferably via written form as a case note, email or manual file note that is to be scanned into the child or young person's Assist / Objective electronic file.

All secure care team members are required to contribute to the development and review of secure care and individual therapeutic plans. In addition the planning, development and review of activities and programs is collaboratively undertaken with all care team members contributing.

Secure care may allocate a Secure Care Officer to act as a key worker for a child or young person in a situation where it is considered necessary as part of the ITP. The key worker in this case is expected to develop a closer relationship with the child/ young person and provide additional support. Their role includes having regular discussions with the child/ young person, collating information from all staff regarding the child/ young person and passing this information on to the Manager to assist with the ongoing day to day decision making and development of strategies to address issues for that individual and inform the review and further development of the ITP.

It should be noted that before identifying the key person consideration is given to the roster and how often this person is going to be on shift during the child or young person's stay in secure care.

A range of meetings are held to facilitate the planning and review process and to give the child/ young person a voice in their care arrangements.

Related Resources
Charter of rights for child/ young person and child/ young person in the ceo's care

Children and Community Services Act 2004

Procedures
Programming should occur for and reflect the needs of the individual and the group. This includes, but is not limited to:

- daily secure care handovers outlining the planned day program and general living timetable
- education and health needs
- food choices and meal preparation
- activities and opportunities
- meetings and links with services, case managers, carers, parent's, family and significant others

Activity Programs

Senior Manager Secure Care oversees the general day to day running of the secure care therapeutic operations to ensure:

- the service is adequately staffed;
- all legislative requirements relating to court procedures and transition planning are achieved within the set time lines.

Senior Secure Care Officers and Secure Care Officers are responsible for working collaboratively with the teachers, the Practice Support Team and Health Team in developing the general day to day therapeutic care program and its implementation;

Senior Secure Care Officers oversee the implementation of therapeutic care and operational processes which includes:

- the day time program during the week
- the general living program which is from 1500 hours to bed time
- the weekend program which is from 0830 to 2030 hours

(Note this includes all security processes)

Secure Care Officers implement the therapeutic care program and carry out the following:

- deliver the general day time program and prepare the child or young person for the specialist areas of the secure care therapeutic program;
- support the education program;
- deliver the evening program for children and young people in secure care;
- deliver the weekend program which is from 0830 to 2030 hours

Activity programs are to consider the needs and requests of the residents and be consistent with the overall program objectives and culture

Secure care therapeutic planning will incorporate lifestyle and recreational activities in which both the child/ young person and the Secure Care Officers and all other secure care staff may participate.

Secure care school program provides a modified school program that is therapeutically informed for children and young people.

Weekly Program Development Meetings (PDM)

PDM's are held each week and staff on roster attend along with the Senior Manager Secure Care Senior Consultant Psychologist.

All participants will contribute to the review, planning and management of the secure care environment with the aim of improving the experience for all the residents living there.

Weekly Residents' Meetings

Resident meetings are scheduled for once a week and provide an opportunity for all the children/ young people to have a say on living in the home.

Residents are encouraged to contribute ideas; to resolve issues and to learn lifestyle skills such as democratic and group decision making; and conflict resolution. Resident participation ensures that the child/ young person have a voice in their care arrangements.

Residents should be encouraged to develop the agenda (which can be displayed within the home in a public space). Minutes from the meeting should be distributed to staff and residents and a copy kept on file in the staff office.

It is the responsibility of the Manager Secure Care to ensure these meetings are planned and conducted weekly.

This is to be done in line with the Sanctuary Model of Organizational Change for Children's Residential Treatment.

Monthly Whole of Staff Meetings

Whole-of-staff meetings occur on a monthly basis and allow for the care team to collaborative monitor, review and plan to achieve programmatic and therapeutic goals.

Whole of staff meetings are conducted in a *learning and development* context, and include activities that provide staff with opportunities to further learn (and develop) their skills and understanding of therapeutic care.

Secure care staff are paid to attend so that the care team can meet and reflect on all aspects of the therapeutic care model and its impact on both the staff and residents.

This meeting runs for approximately 2 hours and provides opportunities for staff to reflect, review and plan, and engage in learning and development activities.

26. STAFF HANDOVER

Purpose:

Secure care staff at the completion of each shift to exchange significant information that informs incoming staff in regard to residents, the home environment and potential issues.

Standards

Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements

Secure care staff participate in a verbal and written handover between shifts of at least 15 minutes, and up to 30 minutes where shift rosters allow.

Related Resources

Admission to Secure Care
Referral to Secure Care Form
Medical Assessments
Children and young people's Medicines
Security Checks and Issues
Staff Security procedures
Transports
Secure Care Initial Planning Meeting's
Educational Report
Mental Health Report/s
Health Report
Individual Therapeutic Plan
Provisional Care Plan
Care Plan
www.OxyGen.org.au
www.quitnow.info.au/
www.smarterthansmoking.org.au/

www.cancerwa.asn.au/prevention/tobacco/

Procedures

Changeover of shifts includes a period where for at least the Senior Secure Care Officer or a Secure Care Officer is on site for 30 minutes from the previous shift as part of handover to the oncoming staff members.

Secure care handovers will be from Day Shift Senior Secure Officer to Night Shift Senior Secure Care Officer. Night Shift Senior Secure Officer Handover is to Day Shift Secure Care Officers who will handover to Day shift Senior Secure Care officer.

Operational Day Shift Handovers are to be completed by 0800 hours.

Day Shift Handovers to specialist staff, teachers, mental health nurses, and practice support staff are to be completed by 0900 hours.

Night Shift handovers are to be completed where possible 2000 hours.

During these periods staff are to provide and receive a thorough documented on a Secure Care Handover Sheet which is to include information to fulfil the requirements of the next shift and to assist in the planning and operation of the shift. This information is to cover the following areas:

- new or planned admission's to secure care and the observation process
- new Referral to Secure Care forms
- any planned transports
- upcoming Secure Care Initial Planning Meetings
- any Medical Assessments required for new admissions and or outstanding medical issues
- Any children and young peoples' medicine administration issues
- Security Checks and Issues completed
- Staff Security procedures
- any Educational Reports required
- Mental Health Report/s required
- Health Reports required
- Individual Therapeutic Plans requiring attention
- Provisional care plan and/or care plan actions required
- any expected visitors
- Video Link ups planned for the day
- staffing shortages and consultation with the Director Secure Care
- any emergencies, critical incidents, seclusions and consultations with the Director Secure Care
- any other information pertaining to child/ young person, including appointments, transport times, current behaviours and relevant issues.

The handover between shifts should also include any other information that will assist with the safe operation of the following shift.

Information should be written on the appropriate Secure Care Handover Template which includes area for notes and should also include a verbal briefing to the oncoming shift.

Secure Care Officers on both shifts have a shared responsibility to ensure that issues of significance are made known to the Senior Secure Care Officer and or the Secure Care Officer identified to provided the handover from night shift to the day shift Senior, and that the incoming staff are as well prepared as practicable to successfully undertake their shift.

27. RECORDS AND DOCUMENTATION

Purpose:
To guide secure care staff in the provision of written records of involvement with the child or young person and provide an accurate account of key decisions and the rationale upon which these are made.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Information regarding a child or young person must be made available in departmental systems in a timely manner and public officers must create and maintain public records to meet legislative requirements.

Staff should endeavour to keep all reports objective, concise and professional. This would apply to the Secure Care Centre's Log Book, Handover notes, Case Notes, Admission and Discharge Book, Medical Notes, and Appointments Diary, Seizure register, Neighbourhood Complaints book or any other official documentation.

Related Resources

Procedures

Secure Care Initial Planning Meeting
A child or young person's care plan or provisional care plan must be modified as soon as practicable but not later than two working days of admission to secure care. The plan is to identify the agreed objectives, actions and tasks; who is responsible (including resources); the time frame; and a measure of achievement within the eight dimensions of well being.

It must be signed off by both the Senior Manager Secure Care and District Team Leader.

Secure Care Initial Planning Meetings are also held as soon as practicable, but not later than two working days of a child or young person being admitted to secure care.

Copies of all secure care planning documents in relation a young person should be provided to the case manager via CP Frontdesk and saved to Assist and Objective.

Individual Therapeutic Plans
The secure care manager is responsible for ensuring the development, implementation and review of individual therapeutic plans for each of the children or young people in their care.

Individual therapeutic plans are developed collaboratively by the care team. All staff are responsible for the implementation of individual therapeutic plans.

An individual therapeutic plan will clearly identify a child or young person's specific behaviour and/ or need that staff will manage in an agreed and consistent manner. Plans are reviewed at least every week, or more frequently if necessary by the residential care team and adjusted as required.

Progress made is reported back through the residential care plan.

Logbook
The Logbook is used to record significant events as they happen. Comments should be brief and objective and should be initialled by the person writing them. The Logbook is a legal document and as such must not be used for personal comments.

Logbook entries are to: -

- Record the date (including day) at the top of each page.
- To be in chronological order and are to have the time written in the left hand margin
- To be initialled in the right hand margin by the staff making the entry.
- Have a line left between entries.
- Be accurate, concise and objective.
- Direct staff to where additional information can be found.
- Record at the beginning of each shift, the names of staff coming on and going off shift and the time.
- Record at the beginning of each shift, the names of the current population and their whereabouts.
- Record at the beginning of each shift, the petty cash balance, the number of casual keys available and confirm the whereabouts of the house mobile phone
- For particularly important information, staff may highlight an entry and/or mark it for the attention of the Manager or staff. This is especially recommended where the safety of child or young person or staff may be compromised.
- Record actual names when recording information about specific people and places. (eg *John Smith (staff) taking Peter Brown and Robert Green to Perth High School*.)

When an entry is recorded out of chronological sequence, "Late Entry" should be written next to the time.

Case Notes
The *Case Notes* are used to record all relevant information about each individual resident. They should include the child or young person's behavioural, emotional, social, and recreational and life skills development, as well as health issues and any contact with family or other individuals and agencies.

Case Notes are to be completed towards the end of every shift.

Case notes should be as detailed as possible, while remaining objective.

They are to be summarised weekly for feedback to each Case Worker, then placed in the residents' file.

Other pertinent information such as reports, faxes, e-mails etc, should be placed in the *Case Notes File* in chronological order.

Diary
All appointments and non-core duties should be recorded in the *Diary* when they are organised. This facilitates the smooth running of subsequent shifts. *Diary* entries are to:

- 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).
- Record shift changes and overtime cover.
- Be crossed out when they have been completed.

Weekly Program Development Meeting

Weekly program development meetings are held secure care and all staff are expected to fully participate, including the taking of minutes.

Minutes of meeting should be retained on record and a copy forwarded to the Director, Secure Care

Medical Record and Medication Chart

A Medical Record is prepared as part of the child or young person's individual therapeutic plan. This records all relevant medication details. These should be confirmed with the Secure Care Doctor, Case Manager and child or young person at the earliest possible opportunity.

A Medication Chart must be operated if the young person is on prescribed medication. This form is used for recording the administration of medication as it is given. Two staff members are required to sign this form stating the medication was offered and taken. Alternatively, a refusal should be recorded as such and reported to the Senior Secure Care Officer and Senior Manager Secure Care who will work with the Secure Care Health Team to address any medical issues.

Seizure Record

Secure care is required to maintain a Seizure Register. If an article or thing is seized during a search, the staff must ensure that the following information is entered in the Seizure Register:

- The name of the person from whom the article or thing was seized (if known)
- The date and time of the seizure
- A description of the article or thing seized
- Details of the discovery of the article or thing
- Name of Secure Care Officer seizing the article
- Senior Manager Secure Care decision on the manner in which the article or thing was dealt with.

Consequences Book

The consequences book records information about the behaviour/incident that occurred and the feeling, need or want that contributed to the behaviour occurring.

In consultation with the child involved and other staff members, a consequence is decided on and recorded along with a timeframe. Ideas for activities that can provide opportunities to learn new coping skills are also included.

Neighbourhood Complaints

All complaints by local residents should be recorded in the *Neighbourhood Complaints Book*. A brief entry should also be made in the *Logbook* to bring the matter to the attention of the Senior Manager Secure Care and Director Secure Care and other staff.

Absent Without Permission (Absconding) Book

This book is used to record the details of child or young person when they are reported to Police as absent without permission. It should contain the young person's name, when they went missing and when they were reported as missing. If the young person turns up before being discharged, the book should be noted with the return time and their name removed from the Police Absent without permission Register. If the young person is not located prior to discharge, the Police should be given the Case Worker's details at the time of discharge for notification when the young person is located.

Menu Book

Secure care is required to keep a record of the meals provided to the child or young person to demonstrate that an ample and appropriate range of food is being provided.

Faults Book

Secure care building faults should be recorded in the *Faults Book* when they are reported to the maintenance service provider. See *Building Repairs and Maintenance* later in this section.

Police Attendance

All visits to secure care by Police or detectives must be recorded in the appropriate visitor's book held in the staff office and the secure care log book. The name of the individual police officers and their number should be entered, the date, time and reason for their attendance.

CHAPTER 6 HOUSE PROCEDURES

28. ABSENT WITHOUT PERMISSION (ABSCONDING)

Purpose:
To reduce the likelihood of a child/ young person attempting to abscond from the Secure Care Centre and placing him or herself at increased risk of harm, and ensure clear procedures to be followed if a resident absconds.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
The Secure Care Centre has a number of physical and technological measures to reduce the chance of residents absconding (eg secure perimeter fencing, anti-climb, electronic surveillance and strong staff monitoring, secure swipe card access, etc).

The key to preventing residents from absconding is through ongoing therapeutic engagement and interactions with children/young people. The child/ young person should feel that their safety and security is important and that this is best achieved by remaining in secure care.

If a child or young person absconds from secure care or finds their way onto the roof of the main building or any building, in either the male or female recreational area, the staff member is to immediately stabilise the environment.

This is a parallel process of communication and restraint, where possible, to persuade him / her to remain (e.g. explain that staff are concerned for his/ her safety and want them to stay safe on site) and there is no other means of ensuring the child or young person's well-being.

Children/young people will be reminded by staff that they are to keep a distance from the security perimeter fence and under no circumstances are they to climb or attempt to climb the perimeter fencing. In the event that a resident attempts to climb the perimeter fence, then staff have the authority to use restraint to prevent the resident from climbing the fence and potentially causing injury or harm to themselves.

The secure care practice process for a child or young person attempting to climb or abscond via the roof of the main building or any building, in either the male or female recreational areas or perimeter fence, is to be managed by staff in the same manner.

Secure care staff members are required to act immediately in situations where it is likely that there will be a breach of security.

The child or young person is to be told to move away from the fence or building immediately.

Staff managing the situation are to activate the wireless alarm, activate the conference call and advise all available staff to attend the immediate area from which the young person is attempting to abscond or climb. All available staff members are to stabilise their immediate area and have any available staff attend to managing the situation.

The child or young person is to be restrained immediately if they do not follow staff requests.

Related Resources
Section 7.13 of the Casework Practice Manual

Insert name of the WA Police and DCP agreed protocol in relation to how absconders are reported
PACP@Police.wa.gov.au

Absconders' PDF Rewritable Report

Procedures
If a resident attempts to abscond, staff should adhere to the following:

1. Engage with the resident to persuade them to return, and at the same time activate the Wireless Alarm and conference call requesting all available staff to attend the breach area immediately once they have stabilised their own environment.
2. Failing this, restrain the resident and return the child/young person to the Centre.
3. The Senior Manager Secure Care and Director must be informed as soon as practicable following the incident, who will advise the Executive Director ACS.
4. If there are medical or health concerns, the child/ young person should be examined by a member of the secure care health team as soon as practicable after the incident and a report on the child/ young person's physical condition must be forwarded to the Director Secure Care.
5. If physical restraint has been used, the process regarding physical restraints must also be followed, ie. an offer to complete a written report of any incident involving restraint must be made to the child/ young person restrained, and a copy provided to the Director. This may involve the provision of an advocate (eg. the Senior Manager Secure Care, or Case Worker) for the child/ young person to assist with the preparation of a report.
6. A Life Space Interview should be held with the child/ young person and officer, as soon as practicable after the incident.
7. A debrief for the staff and child/ young person (separate) should be held by an appropriate officer as soon as practicable after the incident.
8. The child/ young person should be provided with the opportunity to participate in decisions about behaviour intervention in relation to their own individual therapeutic plan.
9. A Critical Incident Report must be provided to the Director Secure Care by the staff member(s) involved, or those who witness an incident.
10. Signed copies of all reports must be provided to the Director Secure Care.
11. The child/ young person should be checked by medical staff for any injuries that may have occurred.
12. The child/ young person should then be closely monitored by staff, which may include placement in the safety room if they are considered to be at risk of self harm, or conducting a life space interview.

When a child has absconded:

The Western Australia Police (WA Police) and the Department for Child Protection have an agreed protocol in relation to absconder reports. The following procedure is effective as of 1 July 2010.

Complete the following steps when a child or young person absconds (in order):

1. Complete an Absconders Report, the *DCP Risk Matrix.*
2. Fill in the front page with all details (NB any fields marked with a red box are **mandatory** fields. W.A. Police will not be able to process your report unless these fields are complete).
3. Complete an initial search, etc and once satisfied that the child or young person has absconded, create an email, attach the PDF report and send to PACP@Police.wa.gov.au copy (cc) to any internal stakeholders you need to notify (eg. Crisis Care Unit, case worker etc).
4. The **Subject Line** of the email must include the following details (to allow WA Police to easily identify a DCP report).
   a) The (Level of Risk) Absconder
   b) Surname
   c) Date.

   For example: *High Risk Absconder, JONES, 010610*.

High Risk Absconders

A Secure Care Officer will need to send the email and **immediately** follow up with a telephone call to 131444.

The WA Police agent on the phone will check 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 secure care once the report has been processed. Secure care staff will:

1. act in accordance with the established DCP/ WAPOL protocol (refer to Casework Practice Manual entry 7.13)
2. complete a *'Notification to WA Police'* (resource document) including ascertaining whether the child/ young person is on the Australian National Child/ young person Offender Register (ANCOR)
3. notify the Police District Incident Management Unit (IMU) by telephone, and email and/or fax through a copy of the Notification.
4. record the child/ young person's absence in the log book, including the time the absence was noted, circumstances surrounding the absence, action taken, people notified, any follow-up required, and the priority given to the notification by Police.
5. inform the child/ young person's District Worker of the child/ young person's absence or, if after hours, the Crisis Care Unit.

Absconders from secure care will be considered to be of high risk immediately once they abscond secure care under the DCP Absconder Risk Assessment.

Senior Secure Care Officer will:

- Contact the IMU to inform them of the child / young person's continuing absence;
- Contact the IMU to inform of the child / young person's whereabouts are (or may be) known, this should be communicated to the child / young person's case manager;
- Contact the IMU to inform upon the child / young person's return to secure care and record file note to Assist and Assist ACS file note (electronic case record management system of their return and any other information of their condition and outing);
- Contact the IMU and the District Worker / Crisis Care Unit immediately of the child or young person's return and then debrief the child or young person in regard to their absences and record this conversation in file note to Assist and Assist ACS file note;
- Contact the Director Secure Care where any concern is raised in relation to any charge or report of any concerns regarding the management of the matter prior to contacting and reporting any concerns to the Officer in Charge of the IMU .
- Contact with the IMU Police, Director Secure Care and Executive Director ACS to be at 8 hour intervals or that agreed to between both parties.

Returning to Secure Care

A child or young person returning to the Secure Care Centre is not to be given additional consequences and when appropriate should be provided with meal.

When the young person returns to the Centre or reconnects with the staff from whom he absconded, he/ she should be made to feel safe and secure. When appropriate, staff should discuss safety issues that may arise from absconding behaviour and try to determine the trigger that led to such behaviour and jointly discuss strategies which may avoid future absconding.

29. BED CHECKS

Purpose:

To provide a level of supervision that will ensure the safety of the child/ young person because young people living in secure care are highly likely to be experiencing periods of personal crisis. At times of crisis a child/ young person is at increased risk and additional supervision may be required

Standards

Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements

Staff are required to provide adequate supervision at all times within the Centre. This includes knowing where the child/ young person is and that he or she is safe. During the night staff must regularly check (every 15 minutes) on the welfare of all young people in the Centre.

If the child or young person is considered to be at risk of self-harm or suicide, they are to be observed every five minutes.

- If the child or young person's situation deteriorates further, they are to be observed continuously. The child or young person may be assessed by the secure care doctor and or the Mental Health Nurse if one or both are on site as to direct secure cares care of the child or young person (refer to section 8 of these Guidelines).

Related Resources

Procedures
Children and young people must be checked regularly throughout the night (15 minutes).

The first check

- is completed after the child/ young person has had a chance to settle.
- includes, if medical conditions require it, checking the child/ young person's breathing and skin tone.
- is *logged*, noting the time and a brief comment about the child/ young person.

Subsequent checks:

- are continuous, occurring every 15 minutes throughout the night, once the child or young person has gone to their room; and
- are *logged*, noting the time and a brief comment about the young person.

If staff are advised of or believe there are particular risks associated with a young person, whether identified in the safety plan or not, the frequency of checks on the young person must be increased. Such concerns may include sexualised behaviour, self-harming, victim of bullying, drug/ substance use, recent conflict or out-of-character behaviour.

If at any time staff believe that medical attention is warranted, this should be sought immediately. Refer also to the "Emergencies – Medical" section of this manual

30. BULLYING

Purpose:
To provide Secure Care Officers and staff with general advice which is consistent with a therapeutic approach to care and will assist them in managing the child/ young person who are either being bullied or are acting in a bullying manner.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Secure care programs use democratic processes to enable all child/ young person to have a say throughout the secure care program. All children/ young people have a voice with Secure Care Officers and in the Centre, as this reduces the propensity for bullying.

Approach the issue sensitively. Often the child/ young person does not like admitting they are being bullied and will be reluctant to talk about it. Instead they will hint or allude to a problem like bullying. For example, they may say that they dislike someone without giving specifics.

Avoid asking 'why' questions. This is intrusive and off-putting. Avoid rebuking the child/ young person for their anger or negative language. Come back to it later, gently. Then ask what it is that the other people have done that makes the child/ young person feel the way they do. Listen, then ask what sorts of things they've tried and only then offer to work through some strategies. This information must be shared with colleagues at the next handover of shift and discussed more fully by the secure care therapeutic care and health care teams.

Exposure to violence in television shows and cartoons, electronic games on computer and video, or among the family members can increase violent and aggressive behaviours. Limit exposure to violence. Model and reinforce appropriate behaviours.

Related Resources
bullying. no way!

Procedures

- Let the child/ young person know:
    - you are pleased that they have told you
    - you believe them
    - it is not their fault and you are sorry it has happened.

  Don't trivialise it. Take it seriously because bullying and harassment can have serious long-term consequences.
- All secure care staff to be made aware of the bullying and ensure that the child/ young person is safe, effective consequences are applied and that monitoring at the house is adequate.
- Once the bulling behaviour is recognised, staff are to work with the instigator of the bullying to help them change their behaviour and develop more appropriate social skills. The young person being bullied is to be informed of what is being done to provide protection and support. (Note this is to be managed in accordance with the Sanctuary commitment to Nonviolence culture.)
- Provide them with as much support and advice as you can to help them to work with solutions. Encourage them to talk to friends and a trusted staff member.
- Stay calm with the child/ young person. State that you will talk to staff about the problem and ask their advice. Explain that you will not ask staff to punish the child/ young person involved but instead to observe the situation and provide advice.
- Take it seriously. Children or young people who bully others often get into serious trouble later in life. They may have continued trouble in their relationships with others.
- Make it clear to the child/ young person that this kind of behaviour is not OK. 'It was all in fun' is not an acceptable excuse.
- Discuss the negative impact on the child/ young person who is being bullied. Try to get the child/ young person to see it from their perspective.
- Arrange non - punitive consequences that fit with the child/ young person's actions – for example, no video games for a week. Never resort to physical punishment because violence carries the inappropriate message that 'might is right'.
- Supervise the child/ young person's activities and spend more time with them.
- Communicate regularly with the school and other organisations that the child/ young person may be involved with. Find out how you can work with them.
- It is easy to make excuses for child/ young person but they are part of society and society has expectations that don't change for them. As carers/ supervisors we need to be clear about our expectations and boundaries and ensure that the child/ young person are made aware of them.
- Give lots of quality attention and engagement. Take the time to talk. Let them know they are an OK person. The more a child/ young person sees positive examples of communication and experiences genuine interest, safety and support, the more they feel they can cope and use appropriate behaviours.

31. CRITICAL INCIDENTS

Purpose:

That clearly understood procedures are followed to ensure the safety of child/ young person and staff, and that appropriate recording and reporting procedures are followed in the event of an incident which involves an injury (or potential for injury), a strong stress reaction in a child/ young person or staff, or damage to property.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Critical Incidents and Incidents are situations or experiences which are out of the ordinary routine of events, and the circumstances of which are concerning.

By maintaining good supervision, staff may be able to defuse potential incidents before they reach crisis point. If secure care staff members feel that an incident is developing, they should employ the principles of Therapeutic Crisis Intervention (TCI) and the Manager should be consulted as soon as possible.

Related Resources

Procedures
A Critical Incident: is an event, which involves an injury or potential for injury, and/or a strong stress reaction in a young person or staff. It also is any situation where by staff have utilised TCI restraint procedures.

The child/ young person does not have to have been on site for a critical incident to have occurred.

An Incident: is a less severe situation such as verbal abuse and/or damage to property.

1. During the Incident/Critical Incident
Staff are to use therapeutic care de-escalation techniques to try to settle the person(s) involved. Safety of the child/ young person and staff must be the prime concern.

If staff feel that an injury is likely to occur or that the situation is out of control, then the child or young person should be restrained and moved to seclusion.

Staff should activate the wireless duress alarm for assistance from all other available secure care staff.

2. After the Incident/Critical Incident
Where an incident relates to an allegation against another child/ young person or young person or staff member, the Child/ young person or young person must be made safe and the potential risk to others immediately assessed and appropriate action taken to ensure their safety.

- After an incident has occurred, consideration should first be given to minimising the likelihood of it starting again.
- Administer First Aid if required.
- Reset the alarm if it has been activated. This should be done before administering First Aid if it is safe and practicable to do so.
- A Life Space Interview should be conducted with the child/ young person as soon as possible and their views form part of the critical incident/incident report
- A *Critical/ Incident Report* or an *Incident Report* should be completed as son as practicable.
- The on-call manager should be contacted if staff feel unable to continue, require an immediate debrief or wish to request extra staff on site or have any other urgent concerns.

See also Injuries to a child/ young person and Injuries to Staff in the Medical section.

3. Reporting/ Documentation

It is important that all incidents are recorded. This information is used in making decisions about individual cases. It is also an opportunity to review the incident and procedures with regards to ensuring a safe environment for child/ young person and staff.

Basic details of the incident should be recorded in the *Logbook* and *Case Notes*, and be handed over in the Secure Care Shift Handover. in order to bring the matter to the attention of other staff.

A full report of the incident should be recorded on an "*Incident Report Form*" or a "*Critical Incident Report Form*". A copy of this form should go in the *Case Notes File* and to the Senior Manager Secure Care, the case manager and the Director Secure Care for quality assurance purposes. Once the case worker is notified, it is their responsibility to inform the parents or carer of the child/ young person or young person.

All critical incidents will be the subject of an interview and debriefing with staff by the Senior Manager and/or Director Secure Care and should be completed in detail to ensure that all aspects of the incident are captured.

32. DRUGS AND ALCOHOL

Purpose:

To minimise and manage the impact of drugs and alcohol on the day to day wellbeing of young people in care, and to identify procedures to safely respond to alcohol and drug misuse for the safety of the individual and others in the home

To ensure secure care staff are clear as to their authorisation under Division 8 of the *Children and Community Services Act 2004* regarding powers of restraint, search and seizure.

Section 116 enables an authorised officer to seize from a child or young person any thing or substance that, in the staff opinion, is necessary to prevent a child or young person endangering the health or safety of another child or young person, or themselves.

Standards

Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements

All secure care staff to have a working knowledge of the potential impact of alcohol and drug use and the appropriate responses to individual young people when having an educational discussion or responding to an incident involving drugs, alcohol or a volatile substance.

Related Resources

Procedures

If staff become aware that a young person is using alcohol, other drugs or volatile substances they are required to record and report this information, including their observations, to the Senior Secure Care Officer, the Senior Manager or the Director Secure Care. The information must be recorded in case notes and a Critical Incident report completed and submitted for serious incidents.

Child/ young person admitted during or after hours who may be drug or alcohol affected will be assessed by District staff or Crisis Care staff, depending on the time of the day or night. District or Crisis Care staff will be required to make a decision as to the health and safety of the child/ young person prior to seeking admission to secure care. This may include a medical assessment being conducted to ensure that the child or young person is medically fit for

admission. If the child is not medically fit then a decision by the treating medical staff will determine where the child or young person is to be provided for.

If the child or young person is assessed medically fit for admission to secure care, departmental staff are to arrange for Police to transport the young person to secure care if they are assessed as non compliant and flight risk.

When the child/ young person arrives and staff decide the child/ young person requires medical attention or deteriorates after admission:

- secure care staff will assess the child's basic health needs in accordance with the level of training they have been provided;
- secure care mental health nurse if on shift triage the child or young person
- Senior Secure Care Officer to consult with Director Secure Care to authorise an Ambulance if the child or young person requires immediate medical treatment and is not able to be treated on site.
- A Secure Care Officer is to accompany the child or young person to hospital.

Secure care staff are to ensure the young person has access to information about the implications of their behaviour – whether it be drug, alcohol or volatile substance use (e.g. inhalation of substances such as: glue; solvents; petrol). Staff members are to consider the chronological and developmental age of the young person, the impact of the use on their personal safety, their understanding of the possible outcomes of their behaviour and their vulnerability, and try to ascertain how the young person is obtaining the alcohol, drugs or other substances.

The Senior Secure Care Officer will ensure the development of a risk management/safety plan so that where possible the young person is protected from harm or the potential for harm is minimised. All staff are responsible for the implementation of the plan. Where staff have suspicions that a child / young person has accessed and used drugs or alcohol whilst in secure care, a search of the facility (including the child / young person's room) will take place to locate the contraband should there be more remaining.

If staff cannot determine the cause of the young person's elevated responses/ emotions, behaviour of concern, or the potential impact of harm of any drugs , alcohol or other substances the individual may have used, they should immediately call an ambulance to attend and administer any first aid that is immediately required.

If the impact of the use of alcohol, drugs or volatile substances results in the young person expressing intention to self harm, actual self harm or a psychotic episode, the protocols for responding to mental health concerns are to be followed.

If staff can determine that a young person has consumed alcohol, drugs or other substances but the individual is not assessed as requiring professional medical attention, and it is safe for them to remain in secure care, they are to be closely supervised and monitored as they recover in the Safety room. Secure care staff will commence an observation sheet that is carried out for any number of hours with intervals ranging from:

2. one to one continued monitoring where staff hand over to staff if the matter is considered to be high risk;
3. 5 minutes;
4. 15 minute checks.

The frequency of the health checks of the young person and any medications that were administered is to be recorded manually and scanned to electronic case file as part of the assist recording process.

Section 116 or the *Children and Community Services Act 2004* enables secure care to seize from a child/ young person any thing or substance that, in the staff opinion, is necessary to prevent a child/ young person endangering the health or safety of another child/ young person or person. This could include alcohol, other drugs and volatile substances such as glues, cigarette lighters (butane), deodorant cans etc. for the purposes of sniffing. Before any consideration is given to this course of action, staff are to attempt to engage the young person in conversation about staff concerns and negotiate with the young person for the item or substance to be voluntarily taken from the premises before they enter the home. Staff members are required to use their professional judgement in response to this situation.

Police may be called for assistance if all reasonable attempts at engagement and cooperation have failed and the risk is high.

Alcohol and Drug Information Service:

Metro 9442 5000
Country 1800 198 024

33. ELECTRONIC MEDIA: COMPUTERS, INTERNET, DVDs, MUSIC AND OTHER

Purpose:
To assist staff in selecting and accessing appropriate electronic media for Children or Young People to view in residential care homes/ Houses.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
As a minimum, staff must abide by the published classification guidelines when considering the suitability, or appropriateness of any type of media (ie electronic games, DVDs, music, etc).

The level of supervision of a child/ young person should be commensurate to the level of risk. That is, children or young people accessing the internet should do so in a 'public place' within the Centre and be closely supervised by a staff member. The level of supervision required of a child/ young person watching an appropriately classified DVD, the content of which is known to staff, will be considerably less.

Related Resources

Procedures

1. **Selecting and Accessing Media**
    - As a minimum, staff must abide by the published classification guidelines when considering the suitability, or appropriateness of any type of media (ie electronic games, DVDs, music, etc).
    - Music DVDs or electronic games which contain violence and/ or sexually explicit material are NOT appropriate for child/ young person in secure care.
    - Recent research indicates that exposure to electronic games in particular may have a detrimental effect on a child/ young person who has suffered abuse and/ or neglect.
2. **Access to the Internet**
    - Children and young people's access to the internet is limited. Access will occur as part of the Education program and will be done is a supervised environment.

- A child/ young person's access to the internet will be conditional and any conditions should be documented and strictly adhered to (eg. installation of filters restricting access to particular sites, supervision requirements, etc).
- All staff must be aware of the conditions of use, specifically the need for close supervision and any limitations or restrictions that have been imposed.

3. **Music**
    - An agitated/angry/violent/depressed child or young person should not be exposed to heavy metal music and heavy rap.
    - A range of strategies to introduce other genres of music to children to complement their preferred choices (to learn that quieter/softer music can help to calm and reduce stress) should be considered.
    - Residents accessing media or listening to music should do so in a considerate manner and not to the detriment/ distraction of other residents.

34. HEALTH AND MEDICATION

Purpose:
To ensure that practices promote good health outcomes for all children or young people.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
All medication is recorded and stored safely and securely in the lockable fridge in the secure care operational (POD) room.

That administration of all medication is appropriate and timely, and accurately recorded/ reported.

Secure care staff will:

- promote health practices that maintain good health for all children or young people in secure care;
- monitor the health needs of all children and young people and meet duty of care obligations by recognising and responding to changing health needs or accidents; implement agreed procedures and practices to promote good health outcomes and maintain safety for all children and young people;
- keep required records about the provision of health care to children and young people; and
- provide essential health care for a child or young person in an emergency situation if professional assistance cannot be promptly accessed.

Related Resources
24 hours a day poisons information - 131126

Procedures
Secure care has a Health Team made up of the following staff:

- Senior Manager Secure Care
- Senior Consultant Psychologist
- General Practitioner (.2 FTE)
- Mental Health Nurse (1.5 FTE)
- Psychiatrist (.2 FTE)

- Aboriginal Practice Leader
- Administrative Officer

This team will work closely with the Therapeutic Team in an informing and directing role in relation to children and young people's individual therapeutic plan, with a specific focus on the young person's physical, mental and emotional health, which includes spiritual.

The existing case management health plan will enable secure care staff to ensure that a child or young person's immediate health needs are met and to maintain their Health Plan.

The Case Manager will:

- provide accurate and relevant information about the child or young person's health history, and any current medical condition or health care needs
- advise secure care staff prior to admission if the child or young person is bringing any medication to the residential care facility and assist residential care staff to accurately complete a Medication Chart
- provide secure care staff with (written) information in regard to:
  - 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 or young person is able to self-medicate or if staff supervision is necessary

MEDICATION PROTOCOLS – refer to section 13 of these Guidelines.

The administration of medication must be recorded in the *Logbook*. Staff must record the person's name in the left column, followed by the time and "medication taken" or "medication refused". If medication is refused in excess of a 24 hour period the young person's case worker must be notified.

Secure care staff must always check the medication chart and log book to confirm time and date of last administration of medication before administrating further medication.

Secure care staff must never give the child or young person more than the prescribed amount. If in doubt, an appointment must be made with the doctor at the earliest possible time.

Administering medication

Independent administration of medication is not generally appropriate and will be dependent upon the age of the child or young person and the nature of their health care needs (eg. asthma inhaler). Secure care staff are required to observe and confirm that a child or young person has taken their medication and record the child or young person's action.

Each time a child or young person takes medication a record must be made and stored as part of the child or young person's health care records (Medication Chart, the Logbook and the whiteboard on the secure care POD).

Incorrectly labelled or out of date medication or medical equipment that is not in good working order must not be accepted for use by secure staff and is to be reviewed by the secure care Dr.

All instructions for the administering long-term medication (that taken for an ongoing condition) must be recorded as part of a child or young person's Medication Signing Chart.

The secure care doctor will review each child's medical plan and provide advice and direction in respect to medication and the dosage of prescribed medication.

Case managers are responsible for providing all medication instructions and any previous adjustment to the dosage. Where the requested dosage is within the range specified by the medical practitioner staff must administer the medication accordingly.

Secure care staff will ensure a child or young person's medication is prepared in Blister packs to ensure correct dosage is provided. This should always be the procedure for child or young person in non emergency services.

Before administering any medication, staff should first check the following points

1. Ensure that the young person is the same person as named on the medication container
2. That the young person is not under the influence of other drugs or substances
3. The name of the drug.
4. Dosage- number and size (milligrams) of tabs.
5. Time
6. It is prescribed by a doctor
7. All medication administration must be confirmed and witnessed by a second staff member. Both staff members must sign the medication chart and log book.
8. The secure care staff member administrating the medication must ensure that the child or young person or young person has actually consumed the medication.

Non-Prescription Medication

The use of non-prescription medication (eg. Panadol) may be authorised by a case manager or secure care doctor, Psychiatrist or Mental Health Nurse. The Senior Manager Secure Care and Senior Secure Care Officers must ensure that the administration of non-prescription medication is managed as if it were prescribed medication. (ie. consultation with the secure care doctor is to occur in respect of non-prescribed medications and entered into the Medication Chart and the Logbook).

Storage of Medication

Medication will be stored in a secure storage unit in the secure care (POD) operational centre accessible by authorised staff only (ie. in the office), unless the medication needs to be refrigerated or immediately available to the child or young person.

Medications that require refrigeration must be stored in a secure labelled container.

Alternative arrangements for storing medication must be made when it is necessary for a child or young person to have the medication immediately available.

35. HOUSE-KEEPING

Purpose:

To provide secure care staff with guidelines to assist in developing a safe, clean and caring home-like environment.

Standards

Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements

All secure care staff are required to undertake housekeeping and light gardening tasks to maintain a safe, clean and positive home environment.

Secure care staff should develop and implement a routine for housekeeping and house operations that includes daily tasks such as vacuuming, general tidying, cleaning wet areas (eg.

bathrooms and laundry), and washing clothes, as well as less frequent tasks such as mopping and weekly tasks such as cleaning the fridge and cooking appliances; and shopping.

A professional cleaner will visit once a week to do an overall clean to the Kath French Secure Care Centre to ensure the building is maintained at a high level of cleanliness.

Related Resources

Secure Care Cleaning Contract
Secure Care Day and Weekend Program Plan

Procedures

Secure care staff should model appropriate behaviour, encourage and include the child or young person in housekeeping routines, and assist them where necessary to:

- complete day to day requirements such as cleaning their bedroom
- clean up after food preparation and mealtimes
- share responsibility for keeping the living areas clean, tidy and safe for everyone.

Maintain a safe, home-like environment and respond immediately to any home maintenance issues. Requests for repairs are to be lodged with building and maintenance and the job number and task entered into the maintenance book and the office log book.

Additional items required for the home or items needing replacement must be requested through the Senior Manager Secure Care and/or Director Secure Care.

The Centre and the surrounding gardens should be maintained to a high standard. Any damage or malfunctioning equipment (eg. washing machines, dryers, reticulation systems, etc), or failure of contractors to maintain services to the expected standard, should be reported to Asset Management immediately for rectification. It is envisaged that staff and residents will take an active role in maintaining secure care building and gardens.

36. ELECTRONIC KEYS

Purpose:

To ensure that security practices promote a safe and secure environment and provide good health outcomes for all children or young people and staff.

Standards

Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements

Each staff member is allocated an electronic swipe card and a **Ascom WiFI i175 Duress Phone Handset 175** or **Duress Ekahau Tag** whilst at work and is responsible for the security of this equipment. The electronic swipe card will give access to all rooms in secure care. The Senior Secure Care Officers will have responsibility for any locked cabinet / fridges in the staff room where confidential information, petty cash, medications and sharps will be secured.

Secure care staff should ensure that, on request, the bedroom of a child or young person is locked and that each child or young person for whom there are no individual concerns has the privacy of their own room and security of their personal items.

Secure Care will provide each child and young person with their own swipe card which will give them access to their own room only. This will allow the child to access and exit their room

freely during set times and prevent others from disturbing them. Secure care staff will be able to access any room as their security level over-rides the child or young persons card in case of emergency or concern for a child.

Related Resources
Ascom WiFI i175 Duress Phone Handset 175 or Duress Ekahau Tag
CCTV Guidelines
Business Continuity Plan
Emergency and Evacuation Plan (Red Ramble)
Uninterrupted Power Source and Generator guidelines

Procedures (refer to Chapter 2 – Emergency Management)

To ensure the security of electronic swipe card and **Ascom WiFI i175 Duress Phone Handset 175** or **Duress Ekahau Tag**staff should follow the following procedures.

- When not in use, all secure care swipe cards, handset and tags are to be stored securely in the operational POD room.
- All secure care staff should have access to this secure area / cabinet. An electronic swipe card and **Ascom WiFI i175 Duress Phone Handset 175**is to be given to staff on orientation and students at the discretion of the Senior Secure Care Officers
- A child or young person should NEVER be given a secure care staff swipe key. Swipes and other security items should not be placed where children or young people can access them
- The location and name of the person in charge of the electronic swipe card and **Ascom WiFI i175 Duress Phone Handset 175** or **Duress Ekahau Tag** must be recorded in the SharePoint security register.
- The Senior Secure Care Officers must record every casual staff person in the SharePoint log book which set of keys they are using and then log that they have returned them at the end of the shift.
- The Senior Manager and Director Secure Care have a key for the Kath French Secure Care Centre under their management.

Lost electronic swipe cards or other security tools or items must be reported IMMEDIATELY to the Senior Secure Care Officers, Senior Manager Secure Care and disabled to prevent security and safety of children, young people and staff being compromised.

37. LEAVING SECURE CARE UNATTENDED

Purpose:
To provide staff with clear emergency procedures to follow when leaving the Secure Care Centre unattended.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Secure care is only to be left unattended during an emergency and in line with Fire and Emergency Evacuation Plan.

Where possible, secure care staff must secure the secure care environment to the best of their ability and inform the Senior Manager, the Director Secure Care and the Crisis Care Unit that the Secure Care Centre has been vacated.

Related Resources
Fire and Emergency Evacuation Plan
Business Continuity Plan

Procedures

- Ensure that the whereabouts of all children or young people is known and accounted for.
- Secure all external doors and windows.
- Securely store petty cash/ unused keys/ other valuables in the safe or a locked cabinet.
- Check (and store securely as appropriate) any equipment/ toys etc that may have been left outside
- Redirect phone lines to the mobile telephone that will be taken with you/ on the outing.
- Lock all doors (and take the appropriate mobile telephone)
- Secure Care Vehicles to be moved into secure area and loaded with Grab and Go crate, water and essentials identified in Secure Care Emergency Evacuation Plan.
- Senior Secure Care Officers or Senior Manager Secure Care to notify Mundaring FESA and Police that secure care has operationalized its emergency evacuation plan and provide a destination and contact mobile numbers for both all vehicles.
- Secure care staff to evacuate secure care at the same time, to remain in sight of one another until arriving at planned destination. (Keith Maine Camp)
- **Secure Care main gate to be left open for FESA and Police access during emergency.**
- Note (Secure Care to provide Police, FESA and Midland Fire Brigade with Electronic Swipe Card Access and External Gate Access and Fire and Evacuation plan)

38. MEALS

Purpose:

To provide secure care cooks and staff with guidelines to assist in developing healthy meals and routines that contribute to a home-like environment

Secure care policy requires that all sharps, cutlery such as knives, forks and spoons be kept in the locked cutlery draw in either kitchen.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements

Secure care has employed 1.5FTE cooks to prepare and provide meals to children, young people, staff and visitors to secure care. All secure care staff are expected to contribute to meal preparation and the provision of food to the children or young people in our care.

- Meals provided to residents should form part of a nutritious and well balanced diet. Menus should be planned in advance to ensure that the children and young people receive a variety of food. Food can not be withheld from a child or young person.
- Children and Young People who may be absent from the facility during meal time must be offered a meal when they return. (e.g.: Court appearance, psychiatric appointment, medical appointment).
- Staff must be aware of the child or young person's medical history when preparing meals including food allergies
- When appropriate children or young people should be encouraged to assist in the selection of healthy meal options and the preparation of meals.
- Secure care staff must participate and join with children or young people in eating meals together.

SHARPS
Secure care policy requires that all sharps, cutlery along with knives, forks and spoons are kept in a locked cutlery draw in the kitchen.

Secure care staff ceramic coffee mugs are to be stored in the staff room pantry and are not to be left in the operational area of secure care at any time as these can be used when broken to cause serious injury to a child, young person or staff.

Besser tableware has been provided for children and young people whilst in secure care, this is extremely strong and resilient table ware that is considered to be less able to broken and used to cause harm or injury to children and young people in secure care.

There is also a gas lighter at each facility that is to be locked in the secure kitchen drawers.

After each meal the cutlery, knives, forks, spoons, coffee mugs and lighter are to be counted and recorded in the electronic daybook in the Duty office. A count of all cutleries must be made at the beginning of the dayshift, the night shift and prior to bedtime.

If any cutlery, utensil, including any sharps and coffee mugs etc. are used outside of meal times, they must be washed and returned to the locked draw or pantry immediately after use.

Ceramic cups or mugs must not be left in the dishwasher. Staff members who wish to bring in their own mugs must ensure the cup is put away in the staff pantry or staff pigeonhole after use.

The number of coffee mugs in the Conference / Meeting room is to be limited to eight. These mugs are to remain in the conference room and not brought out to the facility main area.

Related Resources
SharePoint Day Log
DURA-manager is part of the DURA-suite range; this module manages message grouping, redirection and escalation of critical incident.

39. MOBILE PHONES

Purpose:
Secure care to implement a plan that outlines expectations for children / young people regarding mobile phones whilst in secure care.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
It is important that mobile phones belonging to children or young people admitted to secure care are removed during the admission process and stored with their other property.

Related Resources

Procedures
Secure care staff remove the child or young person's mobile phone during the admission process.

The mobile phone is recorded on the child or young person's property sheet and stored securely.

The mobile may be accessed by staff if there is a number or information required by the child or young person during their stay.

The mobile is to be signed back into the child's property as soon as practicable.

Secure care staff will provide children and young people in secure care with access to the telephone for contact with family, friends, significant others and service providers.

Secure care staff will provide young people from regional areas access to video link up as a means of having contact with family, friends, significant others and service providers that cannot make it to secure care.

40. PERSONAL PROPERTY

Purpose:
Children or young people entering secure care may bring with them personal items

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
All children or young people whilst in secure care are encouraged to respect property and take responsibility for the safe keeping of their personal items.

Related Resources

Procedures
A child or young person is advised during the admissions meeting that their personal property will be removed, recorded and stored in a secure storage room and returned to them when they exit secure care.

As part of the admission process all personal clothing should not be returned to the client at this time, even if client states that it is clean as all items must be recorded. All clothing must then be checked for contraband, such as cigarettes, lighters, drugs and weapons.

All draw strings and shoe laces or other parts of clothing that could be used to self harm is to be removed and stored with the child or young person's possessions.

The child or young person may have some of their clothes returned to them once they have been washed and cleaned.

Children and young people are limited to two set of clothing during their time at secure care.

Each child or young person will have access to secure storage facilities in their own room and there should be a personal secure storage for each child or young person to securely hold money, personal or valuable items.

Staff must record all items in the properties book (held in the staff office) when accepting personal or valuable items for storage.

If possible, ask the child or young person to write a list that can be checked and signed off by staff of any items that secure care is holding for them. Copy this list and retain one copy and give the other to the child or young person.

41. PHYSICAL CONTACT

Purpose:
A guide to assist staff to find ways of meeting the child/young person's needs for physical contact that are appropriate and safe for both secure care staff and the child/young person.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Positive physical contact is important for enabling children/young people in care to develop healthy attachments and support neurological development. It is the responsibility of staff to ensure that all physical contact is safe and appropriate.

Some children, particularly those who have been sexually abused, may demonstrate inappropriate sexualised behaviours towards staff. It is important that secure care staff are aware of their own reactions to this behaviour and respond appropriately.

Related Resources
Holding Hands Primary School Lesson Plans for Teaching Protective Behaviours
Protective Behaviours WA (Inc) 2010

The above resource and additional resources are available from Protective Behaviours WA
www.protectivebehaviourswa.org.au

Procedures
If a child/young person has or attempts to have inappropriate physical contact with a secure care staff member, it is the responsibility of the staff member to:

- prevent the inappropriate physical contact from occurring without becoming angry or offensive (it is important that staff use the situation as an opportunity for the young person to learn; and do not accuse the young person of being bad/dirty/sick etc.)
- discuss with the child/young person: safe and unsafe touch, personal space and social distance
- find alternative, appropriate methods of physical contact (see below)
- model appropriate behaviour

- record the incident in the case notes, complete an "*Incident Report Form*" as soon as practicable and discuss the incident at handover
- discuss strategies for managing the behaviour with the House Manager.

Appropriate Physical Contact
When determining what appropriate physical contact is, secure care staff need to take into account the child/young person's age and stage of development and their 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 a child's reaction to physical contact to determine what they are comfortable with.

Secure care staff should avoid secluding a child in a room with the door shut when giving physical contact to a child.

If a child/young person is demonstrating a pattern of inappropriate physical contact, it is important the staff team develops consistent methods for dealing with the behaviour. The behaviour may need to be addressed when developing the child's Individual Therapeutic Plan.

It is also important for staff to teach the children about protecting themselves from inappropriate physical contact. This includes saying 'no' to any contact that makes them feel uncomfortable and telling an adult straight away if inappropriate contact occurs.

If a staff member observes another adult engaging in inappropriate physical contact with a child/young person, this should be reported to the House Manager immediately. Managers need to refer reportable misconduct to their Director who will inform the Department's Integrity Services Unit so that an appropriate response can be assessed.

42. PHYSICAL RESTRAINT

Purpose:
To minimise the impact of a critical incident, to prevent the escalation of violent behaviour and to secure the safety of our children or young people and staff

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Physical restraint may only be used by an authorised officer, who is a person authorised has received appropriate training (ie. Therapeutic Care 2) and has been assessed as competent.

Such training will focus on minimising the impact of critical incidents, teaching a range of interventions that are aimed at de-escalating behaviour and securing the safety of children or young people and staff. Secure Care Officers should not automatically restrain when property is being damaged. Restraint should only be used to prevent major property damage that could threaten the safety of other residents.

When restraint is to be used in a care environment, practice and up-dating of skills is essential for the protection of the young person and staff.

When a decision has been made by secure care staff that the only appropriate option is restraint, it must be exercised in accordance with the requirements of sections 113(1) and 114 of the *Children and Community Services Act 2004.*

Physical restraints should not be used as a punishment, show of power and control, to remove an annoyance, or in the following circumstances:

- when it is unnecessary or an over reaction due to fear or the desire to punish or remove an irritation to staff;
- when there is not sufficient staff available to implement the procedure in a safe humane manner
- when, due to environmental conditions, the procedure cannot be implemented in a safe and humane manner
- when the young person has a potentially lethal weapon
- when the crisis is in a public place
- when such an intervention may place the Secure Care Officer at risk (eg. size of young person in question).

Related Resources
Children and Community Services Act 2004 – sections 113(1) and 114

Procedures
Physical restraint may only be used by an authorised officer who has received appropriate training (ie. Therapeutic Care 2) and has been assessed as competent.

Such training will focus on minimising the impact of critical incidents, teaching a range of interventions that are aimed at de-escalating behaviour and securing the safety of children or young people and staff. Secure Care Officer should not automatically restrain when property is being damaged. Restraint should only be used to prevent major property damage that could threaten the safety of other residents.

When restraint is to be used in the secure care environment, practice and up-dating of skills is essential for the protection of both the young person and secure care officers.

When a decision has been made by staff that the only appropriate option is restraint, it must be exercised in accordance with the requirements of sections 113 and 114 of the *Children and Community Services Act 2004.*

Physical restraints should not be used as a punishment, show of power and control, to remove an annoyance or in the following circumstances:

1. Reasonable/minimal physical force may only be used as a last resort. Intervention should always be at the least intrusive level to ensure freedom from harm.
2. Reasonable/minimal physical force may only be used to restrain a child or young person for the period and to the extent necessary to prevent the child or young person from endangering the health or safety of the child or young person or another person, or from causing serious damage to property.
3. Physical restraint of a child or young person should not be a regular or ongoing management technique. Management procedures should be planned to avoid using intrusive or restricted procedures.
4. Wherever practical, an authorised staff member of the same gender as the child or young person shall undertake the restraint.
5. The Senior Manager or Director Secure Care must be informed as soon as practicable following the incident.

6. If there are any medical or health concerns, the child or young person who has been restrained should be examined by the secure care Mental Health Nurse, secure care doctor or Psychiatrist, if one or the other is not present, or by a suitably trained person as soon as practical after the incident, and a report on the child or young person's physical condition must be forwarded to the Senior Manager or Director Secure Care.
7. A written report of any incident involving restraint must be provided to the Senior Manager or Director Secure Care by the secure care staff member/s involved, or those who witness an incident.
8. An offer to complete a written report of any incident involving restraint must be made to the child or young person and a copy provided to the Senior Manager or Director Secure Care by the child or young person who has been restrained. This may involve the provision of an advocate (eg. the Senior Manager Secure Care, or Case Worker) for the child or young person to assist with the preparation of a report.
9. A Life Space Interview should be held with the child or young person and officer as soon as practicable after the incident.
10. A debrief for the staff and child or young person (separate) should be held by an appropriate officer as soon as practicable after the incident.
11. The child or young person should be provided with the opportunity to participate in decisions about behaviour intervention in relation to their own management plan.
12. Signed copies of all reports involving secure care are to be forwarded to the Senior Manager or Director Secure Care, the Case Manager and the District Director.

43. SEARCH AND SEIZURE

Purpose:
The *Children and Community Services Act 2004* describes when the use of reasonable force may be instigated in relation to searching a child or young person.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
In all circumstances, secure care staff should exercise discretion before considering the use of the search and seizure provisions of the CCS Act.

To search means to search a child or young person or articles in the possession of a child or young person.

To search does not authorise:

- the examination of a child or young person's body or of a child or young person's body cavities; or
- the removal of some or all of a child or young person's clothing (section 115 of the CCS Act).

If secure staff believe that a child or young person should be searched, the search should only be conducted after careful consideration of the child or young person's circumstances and history, and then only if there is a reasonable suspicion that a child or young person has in his or her possession something that may, if used or allowed to remain there:

a. cause serious damage to health or threaten the life of the child or young person or someone else; and

b. it is reasonably suspected that it is necessary for the child or young person to be searched to recover that thing.

Related Resources
Children and Community Services Act 2004 – sections 115 and 116

Procedures
Before a decision is made to search a child or young person the Senior Secure Care Officer must contact the Senior Manager or Director Secure Care during hours or on call during out of hours.

1. The Manager Secure Care, or senior staff in the absence of the Manager, must ensure that wherever possible a child or young person is only searched by staff of the same sex and that the search is conducted in the company of at least one other adult.
2. Any search of a child or young person shall be conducted expeditiously, with regard to decency and self-respect, and must not involve the removal of any garment of clothing.
3. Any search of a child or young person must not include examination of body cavities.
4. If it is considered that reasonable force will be needed in conducting the search, consideration should be given to contacting the Police and seeking their assistance.
5. A child or young person is searched only by an officer or officers of the same sex and that the search is conducted in the company of at least one other adult, preferably of the same sex.

How seized articles to be dealt with
If a Secure Care Officer or Senior Secure Care Officer Carer seizes anything as a result of a personal search of a child or young person, he or she must make a record of the item(s) seized, including a description of the article and the date it was seized.

- If the Secure Care Officer seizes a firearm, weapon or prohibited article (a prohibited drug or plant as defined in the *Misuse of Drugs Act 1981*) from a child or young person, the officer must deliver it into the custody of a police officer as soon as practicable after it is seized.
- A Secure Care Officer is not required to return to the child or young person a thing that, in the possession of the child or young person, is likely to:
    - cause serious damage to the health of the child or young person or the health of someone else; or
    - threaten the life of the child or young person or the life of another person.
- If the article is not returned to the child or young person from whom it was seized, or the owner, the Secure Care Officer must:
    - make a note on the record indicating the thing has been retained; and
    - take reasonable steps to give a copy of that record to the child or young person from whom that thing was seized.
- If the seized item(s) are disposable (such as a disposable hypodermic needle, syringe, or a disposable cigarette lighter, any other thing that is disposable in character that does not exceed $30 in value) or an intoxicant (other than a prohibited article), the Secure Care Officer should place the article in safe keeping until a decision is made by the Manager in relation to the destruction or otherwise of the article.

Secure care is required to have and maintain a Seizure Register that accurately records relevant information. If an article or thing is seized during a search, the Secure Care Officer must ensure the following information is entered in the Seizure Register:

1. The name of the person from whom the article or thing was seized (if known)
2. The date and time of the seizure
3. A description of the article or thing seized
4. Details of the discovery of the article or thing
5. Name of Residential Care Officer and Live-in Carer seizing the article
6. Manager's decision on the manner in which the article or thing was dealt with.

44. SAFETY ROOM - VOLUNTARY AND INVOLUNTARY

Purpose:
SAFETY ROOM is a therapeutic intervention employed by secure care to provide a child or young person with a safe place to regulate / stabilise their emotional state during a period of hyper-arousal.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
A primary focus of secure care staff is on developing respectful and engaging positive relationships with the young person.

The safety room may be used to stabilise the child or young person and also manage extreme situations such as:

When a child or young person attempts to climb the secure care perimeter fence and does not cease or move away when asked by secure care officer.

Restraint is to be used when a child or young person does not cease climbing on the secure care perimeter fence or building structures in the recreational areas. The child or young person is to be restrained in line with Therapeutic Crisis Intervention and supported by staff in stabilising / regulating their behaviour.

When a decision is made by staff that the only appropriate option is restraint then it must be exercised in accordance with the relevant sections of the *Children and Community Services Act 2004.*

Related Resources
Critical Incident Report
OHS Procedures
Child Advocate Policy
Independent Assessor

Practice Requirements
The children and young people being admitted to secure care have been exposed to high levels of adult physical, emotional, or sexual violence and as a result they may model similar behaviour towards others.

The Residential Care Conceptual and Operational Framework, which is based on the values of the Sanctuary Organisational Change Model, is able to assist children and young people through practicing from a strong therapeutic approach in helping them to regulate more appropriately prior to a critical incident. Therapeutic intervention with the child or young person pre, during or post the incident, will assist in defusing the incident and assist those involved in developing techniques and skills to better care for themselves and others in the future.

The Residential Care Conceptual and Operational Framework aims to provide a therapeutic culture to assist and support young people in developing new skills and learning how to feel safe, whilst developing new ways to regulate their emotional state in a trauma informed environment.

Use of SAFETY ROOM (Safety Room)
Secure care staff will inform the child or young person as part of the admission process of the voluntary and involuntary safety room processes and as part of their orientation process will show them the safety room.

Staff are to make the child or young person aware that whilst in seclusion they will be monitored to ensure they are safe at all times, and that this is done through observation from the adjoining office also via CCTV.

Voluntary Seclusion
Seclusion is placing or supporting a child or young person to a room that is separate from others and from the normal routine of the centre.

Secure care staff will explain the following to children and young people:

- seclusion is available if they wish to use it as a means of time to themselves.
- a child or young person who is able to identify that they are not coping and not able to regulate themselves, may be supported in choosing seclusion as a means of looking after themselves and calming down in a safe space;
- seclusion is not restricted to one room, as children or young people may, with support of staff, create an alternative safe place to go instead of the safety room. This alternative space is to be recorded on the child or young person's secure care sheet and may be used at any time for seclusion;
- a child or young person may go voluntarily to seclusion and to their place for seclusion if it has been identified as part of their secure care plan;
- the door to seclusion is left open when a child or young person goes voluntarily to seclusion;
- if the child or young person's behaviour continued to escalate then the safety room could be locked to contain the situation.

Secure care staff should accompany and support the child or young person whilst in seclusion.

Staff should monitor the child or young person continuously whilst in the safety room, regardless of whether the door is open or locked.

Involuntary Seclusion
A child or young person may be asked to take themselves to seclusion if a child or young person requires removal from the group due to unmanageable or dangerous behaviour or to respond to problematic dynamics within the group.

Prior to making a decision to employ this strategy, staff must ensure that alternative positive intervention methods of working with the young person or with the group of young people, have been explored.

The locked internal safety room is only to be used as a last resort when a young person's behaviour is extreme i.e.:

- unforeseen;
- causes imminent risk to self or others;
- extraordinary and/or high intensity in nature.

Seclusion should not be used as a disciplinary procedure or as punishment.

The strategy is used when necessary to avoid a substantial and immediate risk of harm to the young person and should be the minimum required to protect all parties involved and not more than sufficient to achieve this.

The primary aim of seclusion is to provide an opportunity for the young person to gain control over their situation in a space that provides protection to themselves and others.

The strategy works by providing a way of withdrawing from the provocation, before self control is lost, and until the individual can deal with the issue calmly.

Standard
The Senior Secure Care Manager or Senior Secure Care Officer can authorize use of the locked safety room. Where authorization cannot be obtained before placement of the young person in locked seclusion, the Secure Care Director must be informed as soon as practicable after the event.

Where required, 'reasonable force' (that is, the minimum force required) may be used to place a person in seclusion.

The amount of force employed to restrain that person must be reasonable from both a subjective and objective view, bearing in mind the nature and extent of the anticipated harm.

Where a young person is placed in locked seclusion, the young person must be under constant observation by secure care staff.

Standard
A young person should not remain in locked seclusion longer than one hour in a 24 hour period commencing from the time the young person is placed in the secure room. If the time is expected to exceed this, secure care staff must consult with the Director Secure Care.

When a young person is in seclusion they must be:

- supplied with clothing appropriate to the circumstances;
- provided with food and drink at appropriate times; and
- provided with adequate toilet arrangements.

Standard
The Director Secure Care / Senior Manager must ensure that each placement of a young person in locked seclusion is recorded in a register along with the reason why the young person was placed in seclusion.

Standard
The Director Secure Care and Senior Manager must ensure that all staff members are correctly trained in the proper use of seclusion in the Secure Care Centre.

Standard
The Safety Room is not to be used as a means of intervention if a young person is at heightened risk of self injury or suicide, as this could be counterproductive.

45. CONTACT WITH THE POLICE OR JUSTICE SYSTEM

Purpose:
To provide secure car staff with guidance as to their responsibilities and expectations in regard to police or justice contact with the child or young person whilst in secure care.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Secure care staff have a duty of care toward all children or young people and there may be times when it is appropriate to call the Police for assistance at the Centre.

Police should be called to deal with matters of criminality, or when a situation becomes so dangerous for the young person, other young people or staff that criminal charges could be expected to follow.

The Police should not be used as a means of dealing with or controlling disruptive behaviour (refer to Section 25 of these Guidelines on physical restraint).

Related Resources
MOU between Police and the Department for Children Protection
MOU between the Department for Corrective Services and the Department for Child Protection

Procedures
Attending Court

- Children or young people in secure care will be able to attend Court via Video Link up.
- They are to be supported by secure care staff and, where possible, joined by their case manager.
- The Senior Transport Officer Secure Care may transport a child or young person to a metropolitan Court if a child's attendance in person is directed by a Judge or Magistrate.
- Children and young people in secure care will be able to access their legal representative via Video Link up.

Bail

- Children or young people in the care of the CEO cannot be bailed to secure care. However, a child or young person in the care of the CEO may be admitted to secure care whilst on bail, if they otherwise satisfy the threshold under section 88C of the CCS Act for a secure care arrangement to be made in respect of the child.

Children or young people picked up by the Police from secure care

Children or young people taken to a police station for questioning must have an adult in attendance to make a statement. When it is not possible for a secure care staff member to attend (eg. after hours), the Crisis Care Unit must be contacted. The Police should not demand that secure care staff leave their regular duties to attend.

Police attendance at secure care

- Police entering secure care are to hand over their firearms which are to be secured in the secure care safe until they leave the centre.

- When an incident occurs that results in police attendance, arrest of a child or young person and an impending court attendance, a Court report must be written by the Secure Care Officer involved, outlining the situation and why the Police were called. The report should be submitted to the departmental Court officer before the Court appearance.

Police transporting a child or young person to secure care under a secure care arrangement

- Police may transport a child or young person to secure care if a secure care arrangement has been made. This may be carried out under sections 37, 86 or 87.

- A Memorandum of Understanding between the Department for Child Protection and the Western Australia Police outlines this process.

- Wherever possible, two departmental officers should be present at all times during the transportation of a child or young person to secure care. This is because of the Department's duty of care towards all children in the care of the CEO.

Children or young people attending Children's Court

- The Senior Transport Officer Secure Care may transport a child or young person to a metropolitan Court if directed to by a Judge or Magistrate.
- The child or young person may need to wait in the Department for Corrective Services Custodial holding rooms whilst in Court.

46. SMOKING

Purpose:

Smoking is a serious health issue, especially for Children or Young People. The aim is to establish and maintain a smoke-free environment and for all staff to assist in achieving this goal.

Standards

Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements

Secure care staff who smoke should always be professional, while also being honest and genuine, in their interactions with Children or Young People in relation to smoking.

The Department has the same expectation of all Children or Young People regardless of age, but does not want Children or Young People who smoke to stop using the service because of its approach to smoking.

Smoking inside buildings and vehicles is prohibited and should be restricted and is not allowed at secure care given the surrounding bush area where there is a higher fire danger.

Secure care staff members are expected to actively discourage Children or Young People from smoking via a smoking reduction/ quit program, and provide a positive role model.

Related Resources

dcp smoking policy

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.

The Alcohol and Drug Information Services (ADIS) on (08) 9442 5000 or Country Toll Free 1800 198 024. (Referrals will be made to the office of Alcohol and Drug Office (08) 9370 0333).

PrimePsych, the Employee Assistance Program provider, Self-referrals are made by contacting (08) 9492 8900 or Country callers 1800 674 188.

Procedures

- Secure care staff do not give cigarettes, buy cigarettes for, or sell cigarettes to a child or young person in residential care.
- Under no circumstances are tobacco products to be used as a form of reward or punishment by officers in their dealings with Children or Young People. No contract of behaviour is to be drawn up which features tobacco products as a reward or inducement or the withholding of tobacco products as punishment.
- At the time of recruitment, new officers are informed that the Department's Secure care s has a smoke-free policy.
- Senior Secure Care Officers are expected to reinforce the 'no smoking' policy and remind staff and Children or Young People that they are required to comply with this directive.
- Senior Secure Care Officers should provide support and assistance to officers and Children or Young People who are experiencing difficulty in not smoking. Refer to Related resources.

47. TRANSPORTATION OF CHILDREN OR YOUNG PEOPLE

Purpose:
To ensure that every precaution is taken to maintain the safety whilst transporting children or young people in vehicles.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Secure care transport vehicle/s require the child or young person to be placed in the rear of the vehicle. The child or young person is required to be fitted with a seatbelt or child restraint which is fastened properly for transport in the vehicle. No additional unrestrained passengers will be permitted and passengers can not share the same seat.

It is the Secure Care Transport Officer's responsibility to ensure that all staff are trained in this requirement and that this is done as part of all secure care transports, where possible.

The Department has the primary responsibility for the child's transportation to or from the secure care facility.

Police may be requested to assist in the transportation of a young person under a secure arrangement to the Secure Care Centre. Wherever possible, two departmental officers should accompany a young person being transported with police assistance.

Related Resources
Office of Road Safety http://www.ors.wa.gov.au

Child Restraints http://www.childcarrestraints.com.au/

Procedures

Secure care staff transports, where possible, are to be managed and coordinated by the Senior Secure Care Transport Officer. Consideration is to be given to the dynamics of the child or young person's age, gender and known history (risk).

Where possible, the case manager and another staff member will transport the child/ young person to secure care. Secure care transport staff may be requested to assist in some circumstances if necessary.

If a child or young person is deemed to pose a risk to staff or others, additional supervision may be required and staff should consider requesting police assistance in managing the transport.

All people in the vehicle must be properly restrained by way of seat belts or an approved child restraint.

No child or young person should be left in a vehicle unsupervised.

The driver is responsible for any traffic infringements received whilst transporting child or young person. (Where the behaviour of the child or young person 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 child or young person's name, destination and time. Whenever possible staff should take a mobile phone with them and the number of the phone recorded in the log.

Secure Care may request Police Assistance

Police can assist secure care in the transport of child or a young person to and from secure care if requested. In these circumstances, a departmental officer should accompany the child throughout the transportation process. This is important because of the Department's duty of care towards children in the care of the CEO.

Unless children are transported by police under sections 37, 86, 87 or 88J of the CCS Act, all children transported by police should be accompanied by a departmental officer.

Police can perform this duty in line with the Memorandum of Understanding (MOU) between the Department and the Police.

The MOU forms the basis of an understanding for WA Police, on request from DCP, to assist with the transport of children and young people under a secure care arrangement to and from the Kath French Secure Care Centre at 900 Woodlands Rd, Stoneville Western Australia, within the geographic context of a 400 Kilometre radius of the Perth CBD.

Under the MOU, police may be involved the transportation of a child or young person to the secure care facility, where possible, under any of the following circumstances:

> **Under *section 37 – Provisional protection and care without warrant,* if a police officer suspects there is an immediate and substantial risk to the child's wellbeing, and the CEO (or delegate) then makes a secure care arrangement for the child**.

Under *section 86 - Warrant (apprehension) where child absent*, if police locate a child or young person who is the subject of a warrant, and the CEO (or delegate) makes a secure care arrangement for the child.

Under *section 87- Apprehension without warrant in certain circumstances*, if a police officer suspects that a child or young person has absconded from "a placement arrangement"[5] and that there is an immediate or substantial risk to the wellbeing of the child.

Under the above three circumstances, police would be required to:

- contact and confer with the local District Office or Crisis Care Unit to determine the current status of the child and whether a secure care referral exists and has been approved; and
- if an approved secure care referral exists and a secure care arrangement is then made, to take the child to a place as directed by and negotiated with the Department.

The relevant district office will have lodged a Department for Child Protection Absconder Report by emailing PACP@Police.wa.gov.au in relation to a child's absence from a placement arrangement and to the issuing of a warrant under section 86.

Under *section 88J – Apprehension without warrant – child absent from secure care facility*, if a police officer suspects on reasonable grounds that a young person is absent, or has been taken from a secure care facility. The officer may apprehend the young person and take him or her to the KFSCC or such other place as the CEO (or delegate) directs. Police would need to contact the KFSCC Senior Secure Care Officer to confirm the status of the child and the course of action including transportation to KFSCC.

In other circumstances, where the Department requests assistance from police because it is considered necessary for the safety and security of the child or young person and or others. In these circumstances, departmental staff should accompany the child or young person throughout the transport process.

The Senior Secure Care Officer of the KFSCC will contact the Officer In Charge (OIC) of the police station nearest the child's location to request assistance to transport a child to the KFSCC. The Senior Secure Care Officer will advise the OIC of the relevant history, situation, location and demeanour of the, child and the OIC who will advise the local police accordingly prior to apprehending the child.

A conversation will also occur between police and the KFSCC Senior Secure Care Officer to resolve the transport commencement, duration and estimated time of arrival at destination, and arrangements for reception.

An absconder's report is to be lodged with police in relation to a child who absconds while under a secure care arrangement, including absconding during transportation to or from the Secure Care Centre.

Regional

Police and secure care transport staff will negotiate the transport of a child or young person under a secure care arrangement to the secure care facility from regional areas of Western Australia within 400 Kilometre of the facility. Where possible, the trip should be broken into

[5] A placement arrangement is a formal placement approved by the CEO of the Department for Child Protection under section 79 of the *Children and Community Services Act 2004*

equi-distant portions of travel to ensure the safety and welfare of the child or young person and Secure care staff.

48. VISITORS

Purpose:
To establish procedures for managing visitors to the Secure Care Centre

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
The guiding principles for visitors to secure care:

- A child or young person may have a range of visitors. Visits are to occur in a planned manner, with notice given and staff approval sought via the case manager and District responsible for the child or young person's case management.
- District staff are responsible for authorising and identifying those person's who are permitted to visit a child or young person whilst in secure care.
- Visits are to be considered for their therapeutic benefit to the child or young person.
- Children or young person should have input into who visits them and who does not.
- Visits in the initial three days should be restricted to maximise the therapeutic engagement process of secure care.
- Visits by departmental and non-departmental professional staff, including legal representatives, may occur as arranged. Assessors can visit at any time or upon request from a child at a time convenient for all parties.

Related Resources

Procedures

Visit Times
- Monday to Friday 1430hrs-1630hrs
- Saturday and Sunday - exceptional circumstances and with prior approval
- Visits to be negotiated by child or young person's case manager

Who
- Family visitors with Prior Approval.
- All visitors must be cleared to visit by the case manager.
- Due to risk management, two adult visitors at any one time allowed past the admin area, unless by negotiation.

Where
- Visitors must be met at the front door and their ID checked.
- Visitors are to sign in and are given TAGS in the gate area.
- Belongings are to be kept in an allocated locker.
- Visits are to be conducted in a location allocated by the SSCO.
- Visitors are to use the front of building car park.

Process

- The visitor is met at the front door by SSCO or SCO allocated and their ID is checked.
- The visitor is signed in at the gate area, and allocated a TAG.
- The visitor is to be shown how and when to use the TAG.
- The visitor is to be shown the prohibited items list and their belongings stored in the allocated locker.
- All presents are to be scrutinised by staff.
- The visitor may be asked how long the visit is likely to take, what information the YP will be receiving and informed whether the visit will be supervised or not and where the visit will be taking place.
- The young person and the visitor are then brought together in designated area (designated by SSCO).
- The visitor is not to leave the allocated area unless otherwise agreed.
- Where appropriate, the SSCO is to manage the length of visit.
- Once the visit is finished the YP may have an informal debrief by staff and returned to the program.
- The visitor is to be escorted to the gate area where they will sign out, return their TAGS and reclaim, their belongings.
- SSCO is to log the visit in the operational log book. Information such as; length of visit, changes in behaviour and interaction of YP before, during, and after the visit.

Prohibited Items

- Any items that may be deemed dangerous or destructive of the therapeutic environment.
- Drugs, alcohol, tobacco.
- Internet capable items. Eg; mobile phones, ipods, cameras.
- Cameras
- Drinks in unsealed containers.
- Energy Drinks
- Clothing
- Money
- Food
- Medication
- Anything that can be deemed a weapon by SCO or SSCO.
- Keys
- Lighters
- Jewellery
- Pets
- Outdoor clothing and headwear.

All letters and photos to be monitored before the young person has access to them.

Laminated and kept next to the sign in book.

If persons who have entered the premises are considered to be causing a disturbance, they should be politely but firmly asked to leave. It may be necessary for staff to accompany the unwelcome visitor off the premise.

Should a person fail to follow the staff member's direction to leave, or they remain outside the property creating a disturbance, staff should call the police to request that they be moved on.

Consideration may be given to moving children or young people to another area of secure care, therefore minimising the impact of the disturbance on them. However, staff must be mindful

not to engage in any activity which may further inflame the situation, but use therapeutic practices to avoid escalating it further.

Details of the incident (and the name of the uninvited guest if known to staff) should be recorded in the log.

CHAPTER 7 ACCOUNTABILITY AND COMPLAINTS MANAGEMENT

49. ALLEGATIONS OF ABUSE IN CARE

Purpose:
To detail the procedures to be followed by secure care staff in relation to allegations of abuse of a child or young person in the CEO's care.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
Staff must make a risk assessment in consultation with the Manager and take immediate action to ensure the safety of the child or young person.

All allegations of abuse in care (including allegations of abuse prior to coming into care and allegations of past abuse in care) must be recorded on the client file.

Related Resources
Admin Manual -Reporting and Handling Misconduct

Case Practice Manual -Allegations of Abuse in Care

Procedures
Allegations of current abuse in the CEO's Care
The Department has a positive duty of care for all children or young people while they are in the CEO's care. Where a child or young person 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.

When a secure care staff member receives an allegation of abuse in care, he/ she must pass the information to the Manager Secure Care.

The Manager then:

- Informs the Director Secure Care and case manager
- In conjunction with the Director Secure Care undertakes a risk assessment of the child/ other child in the placement and takes appropriate protective action

Where the allegation relates to a departmental employee
Where the allegation relates to a departmental 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.* Secure care staff should refer to the relevant section of the Administration Manual.

Where secure care staff receive information alleging that a child or young person in the CEO's care has been harmed (non-accidental) or is at risk of harm, they must ensure that the Manager is informed and that the relevant information is recorded on the client file. The report should include details of the alleged incident, including the date staff were advised, how and by whom, and the names of all persons involved.

Allegations of abuse prior to care
If a child or young person in the CEO's care makes a disclosure/allegation relating to an incident prior to coming into the CEO's care (and the information was not already known to the Department), in consultation with the Manager, the case manager should be informed immediately.

50. COMPLAINTS MANAGEMENT

Purpose:
To guide secure care staff in responding effectively to formal complaints from children or young people, parents, extended family and members of the community using the Department's Complaints Management Policy.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

Practice Requirements
The Department is open and responsive to receiving complaints from children or young people, parents, extended family and members of the community.

Secure care staff will make every effort to respond to complaints at the local level, in accordance with the standards described in the Complaints Management Policy (refer to Complaints Management – Policy and Procedures.).

Young people will have access to the Director Secure Care if they wish to discuss complaints directly.

Any officer of the Department may receive a complaint, verbally or in writing, and this must be referred immediately to the responsible officer or their delegate (refer to the Complaints Management Policy: Lodging a Complaint).

All officers are responsible for ensuring that service users and the community are advised of, and understand, the complaint process available to them and are assisted to make a complaint, where required. (This may include the provision of translated information or interpreting services where the need for such services is identified. Download a copy of the Resolving Your Complaint Kit)

The Complaints Management Policy does not apply to complaints regarding staff conduct. These are referred to the Department's Human Resources and Governance Unit.

Related Resources
'How To' Complaints Management Unit (CMU) DVD

Complaints Management – Policy and Procedures

Resolving Your Complaint Kit

Other Complaint Avenues

Three Tiered Complaint Flow Chart

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.

All complaints are required to be acknowledged and considered. However, there are complaints that cannot be responded to within the Complaints Management Policy. (To view detailed information, secure care staff should refer to the Complaints Management Policy: 4.4 Complaints that will not be accepted).

It is important to assess each complaint's suitability in the first instance, and to advise people where they may progress complaints that do not meet the policy for progression.

At times, complaints are received by the Minister for Child Protection and the Director General. Complaints to these offices that meet the definition of a complaint will be forwarded to the Complaints Management Unit (CMU) for processing - refer to the Other Complaint Avenues resource document.

The three-tiered complaints process

The Department has developed a three-tiered complaints process. Refer to the Three Tiered Complaint Flow Chart

Tier One – District Offices/ Accommodation and Care Services – Residential Care

The District/ Accommodation and Care Services – Residential Care are responsible for responding to and resolving at this level. It is the easiest and most positive outcome for all if this can be achieved.

All complaints received by the CMU, the Minister for Child Protection and the Director General will be lodged with the responsible Tier One Director for assessment and resolution in the first instance. Complaints may be in writing, by telephone or by meeting the Director or their delegate.

Tier Two – Complaints Management Unit

The CMU is part of the Department's Service Standards and Contracting Directorate. The CMU is responsible for effectively managing the ongoing operation, improvement and quality assurance of the Department's complaints handling procedures, including an oversight of District and work units' complaint handling procedures.

The CMU is responsible for a range of functions including amongst others:

- ensuring that all customers, regardless of their backgrounds or circumstances, are able to access the complaints management system and receive a fair hearing
- ensuring the professional administration of all service delivery complaints in accordance with applicable Australian and Western Australian Public Sector standards
- ensuring the timely assessment, investigation and finalisation of complaints at Tiers One and Two
- appropriate redirection of complaints to Tier One or to the Integrity Services Unit. This may involve the initial recording of complaint details and the electronic communication of these details to the appropriate section for investigation
- providing advice to clients regarding the option of referral to external agencies including the Ombudsman.

Where matters remain unresolved at this level, complainants will be advised. They may seek external resolution (Tier Three) through independent bodies such as the Ombudsman's Office.

Tier Three – Ombudsman Western Australia

Where complainants are dissatisfied at the completion of the outcome from Tier One and Two of the Department's complaints process, they may seek external resolution via the Ombudsman.

CHAPTER 8 BUILDINGS

51. MAINTENANCE AND REPAIRS

Purpose:
Delivery of maintenance services in the metropolitan area and regional centres will be managed by the Department's Asset Management Directorate through the Department of Treasury and Finance - Building Maintenance and Works and where applicable through the direct engagement of private contractors.

Standards
Better Care Better Services - Standards for Children or Young People in Protection and Care

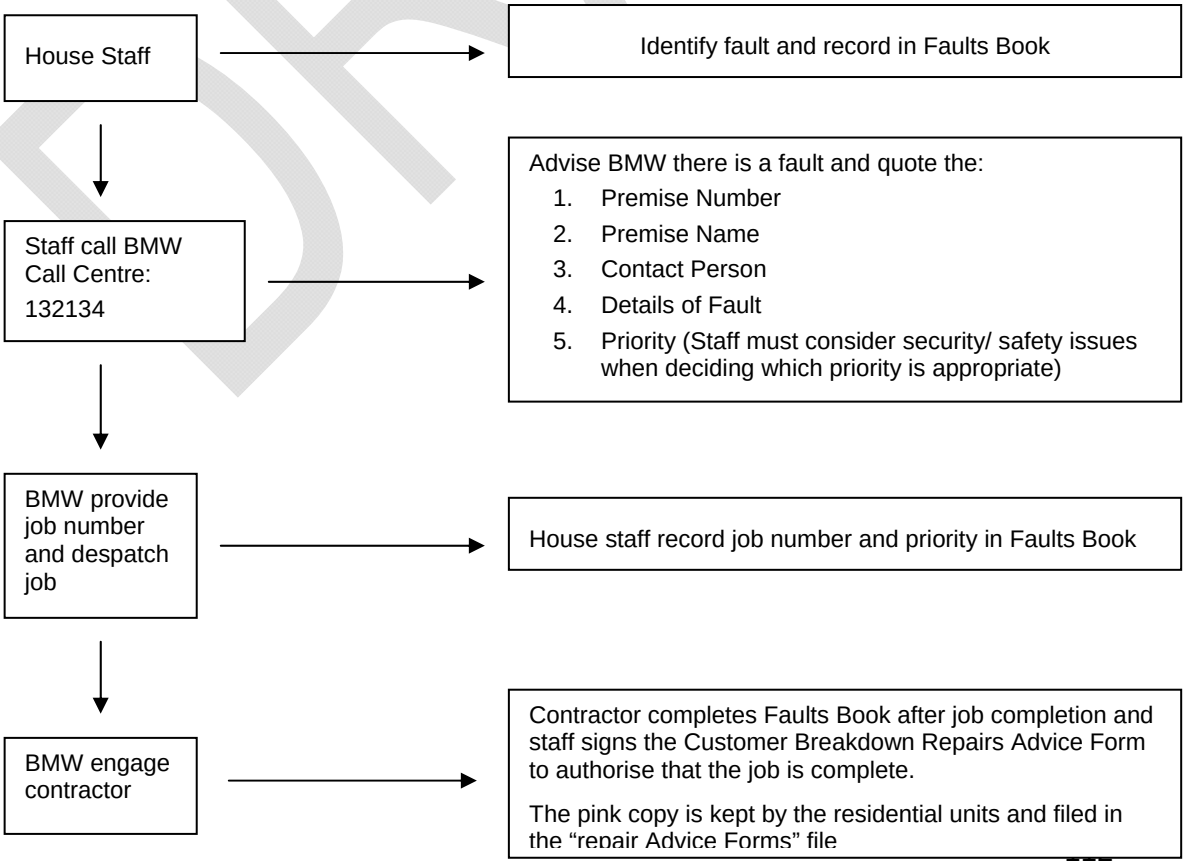
Practice Requirements
The Department and where applicable, non government organisations (NGOs), have an obligation to ensure that houses are maintained in a way that provides appropriate quality accommodation for residents and a safe working environment for staff.

The House maintenance guide applies to all Tier 1 and 2 accommodation houses that are owned or rented by DCP. Managers and Asset Management will use this guide to maintain residential care properties.

This Building, Repairs and maintenance guide sets out standard steps to manage breakdown repairs, planned works and routine maintenance by Managers and Asset Management within their existing levels of responsibility.

Related Resources

Process Map/ Flowchart



Procedures

These procedures will apply to all DCP owned houses, private rentals and houses occupied by NGOs and houses leased from Department of Housing. Faults will be lodged direct to Asset Management through the Coordinator, Building and Asset Services one **either 9222 2562**, or **9222 2596**

1. Breakdown Repairs

Breakdown repairs are commonly termed faults that occur on an ad hoc basis and are of an unpredictable nature. Breakdown repairs refer to work that cannot be identified as part of programmed maintenance.

Breakdowns characteristics:

- The item has broken down and has ceased to perform its intended function. The cause may be to lack of maintenance, end of life cycle, and accidental or wilful damage;
- The item has failed suddenly, without warning; and
- The failure could not reasonably be anticipated.
- Emergency Faults that make the house unsafe and require immediate after-hours work.
- Critical Faults that make the house unsafe, for example, fire safety system failure, or prevent access to the house.
- Urgent Faults that result in significant disruption, consequential damage or lead to extensive damage and increased repair costs. Repairs should be undertaken within 24 hours.

Staff are required to report any faults requirements for the facility to BMW and to record the relevant information in the *Faults Book*.

Contact Details: **One Call Centre - 132134**

The procedure is as follows:

Advise BMW there is a fault and quote the:

1. Premise Number
2. Premise Name
3. Contact Person
4. Details of Fault
5. Priority (Staff must consider security/ safety issues when deciding which priority is appropriate)

2. Response from BMW

Priority	Response	Attendance on Site	Completion of Repair
1	Immediate telephone communication	Within 2 hours	Up to max of 24 hours
2	Same day telephone communication. Clarify fault and advise estimated time of arrival to	Attend on the same day or as the first job for the next day	Work to be commenced and complete within two working days

	job.		
3	Next day or earlier telephone communication. Advise estimated date and time of arrival to job.	Within 10 calendar days	Up to maximum of 10 calendar days
After Hours	Immediate telephone communication	Within 60 minutes	

3. Routine Maintenance

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

This type of maintenance will be arranged at Asset Management level in consultation with BMW.

Routine maintenance will include:

- Gutter cleaning
- Duct cleaning
- RCD testing
- Fire Breaks
- Smoke and fire detection systems

Monthly the contractor shall schedule the works to provide an indication of when, which day/date and time, and estimated duration of the work that will be performed at each premise.

Contractors will make appointments for the purpose of undertaking Routine Maintenance works.

Contractors will also:

- set and confirm visit times in cooperation with the house manager
- advise the house manager of the purpose of the visit
- report progress on the work.

4. Property Services

All maintenance to gardens, lawns and pools will be managed by Asset Management in consultation with house managers.