[Insert organisation name/logo]

# CLIENT CLINICAL MANAGEMENT POLICY

**Version: [Year/n]**

**Document status: Draft or Final**

**Date issued: [date]**

**Approved by: [insert organisation name] Board of Directors on [date]**

**Date for review: [date]**

**Record of policy development:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version number** | **Date of issue**  | **Lead author/ reviewer**  | **Consultative panel**  | **Significant changes on previous version** |
| **[Year/no]**  | **[Date]** | **[Name/role]** | **[Name/role/ organisation]**  | **[For example, incorporate changes to new legislation]** |
|  |  |  |  |  |
|  |  |  |  |  |

***🖌Note\****

*This policy template has been developed to meet the needs of a diverse range of services and includes items for consideration in policy and procedure.*

***Not all content will be relevant to your service.******Organisations are encouraged to edit, add and delete content to ensure relevancy.***

*All notes (like this one) should be considered and deleted before finalising the policy, and the contents list should be updated as changes are made and when content is finalised. See the NADA Policy Toolkit User Guide for more editing tips.*

*\*Please delete note before finalising this policy.*

***🖌Note\****

*To update the contents list when all content has been finalised, right click on the contents list and select ‘update field’, an option box will appear, select ‘Update entire table’ and ‘Ok’.*

*To use the contents list to skip to relevant text, use Ctlr and click to select the relevant page number.*

*\*Please delete note before finalising this policy.*

[SECTION 1: CLIENT CLINICAL MANAGEMENT FRAMEWORK 4](#_Toc416184605)

[1.1 Policy statement 4](#_Toc416184606)

[1.2 Purpose and scope 4](#_Toc416184607)

[1.3 Definitions 4](#_Toc416184608)

[1.4 Principles 5](#_Toc416184609)

[1.5 Outcomes 5](#_Toc416184610)

[1.6 Delegations 6](#_Toc416184611)

[1.7 Policy implementation 6](#_Toc416184612)

[1.8 Risk management 7](#_Toc416184613)

[SECTION 2: SERVICE APPROACH 8](#_Toc416184614)

[2.1 Overview of treatment approaches 8](#_Toc416184615)

[2.2 Overview of peer support approaches 9](#_Toc416184616)

[2.3 Overview of intervention approaches utilised 10](#_Toc416184617)

[SECTION 3: ACCESS AND INTAKE 12](#_Toc416184618)

[3.1 Access to services 12](#_Toc416184619)

[3.2 Client intake 13](#_Toc416184620)

[SECTION 4: ASSESSMENT 15](#_Toc416184621)

[4.1 Environmental setting of assessment 15](#_Toc416184622)

[4.2 Assessment procedures 15](#_Toc416184623)

[4.3 Assessment tools 16](#_Toc416184624)

[SECTION 5: CHILD PROTECTION REPORTING 19](#_Toc416184625)

[5.1 Considerations 19](#_Toc416184626)

[5.2 Responsibilities 19](#_Toc416184627)

[5.3. Procedure Steps 20](#_Toc416184628)

[5.4. Actions if a concern does not meet the threshold of significant risk of harm 22](#_Toc416184629)

[5.5 Information exchange relating to child protection 22](#_Toc416184630)

[5.6 Record-keeping 24](#_Toc416184631)

[SECTION 6: REFERRALS 25](#_Toc416184632)

[6.1 Types of referrals 25](#_Toc416184633)

[6.2 Receiving a referral 26](#_Toc416184634)

[6.3 Making a referral 27](#_Toc416184635)

[6.4 Developing and maintaining referral pathways 27](#_Toc416184636)

[SECTION 7: COMMUNICATION OF INTAKE, ASSESSMENTS AND REFERRAL PROCESSES 28](#_Toc416184637)

[7.1 Outcome notifications 28](#_Toc416184638)

[7.2 Communicating with a diverse range of potential clients 29](#_Toc416184639)

[7.3 Documentation 31](#_Toc416184640)

[SECTION 8: CLIENT CONSENT AND PLANS 32](#_Toc416184641)

[8.1 Client consent 32](#_Toc416184642)

[8.2 Client plans and commitments 34](#_Toc416184643)

[SECTION 9: CLIENT INTERVENTION 36](#_Toc416184644)

[9.1 Environmental setting of intervention 36](#_Toc416184645)

[9.2 Integration of service provision 36](#_Toc416184646)

[9.3 Client treatment plan and review 36](#_Toc416184647)

[9.4 Case management 37](#_Toc416184648)

[9.5 Harm minimisation 38](#_Toc416184649)

[9.6 Continuing care 38](#_Toc416184650)

[9.7 Peer support work 38](#_Toc416184651)

[9.8 Standard referral process 38](#_Toc416184652)

[9.9 Case notes 39](#_Toc416184653)

[SECTION 10: SUICIDE AND SELF-HARM PREVENTION 42](#_Toc416184654)

[10.1 Suicide and self-harm prevention principles 42](#_Toc416184655)

[10.2 Suicide warning signs 42](#_Toc416184656)

[10.3 Confidentiality and duty of care 43](#_Toc416184657)

[10.4 Suicide Prevention assessment and screening 43](#_Toc416184658)

[10.5 Monitoring, discharge and re-entry 47](#_Toc416184659)

[10.6 Professional development, supervision and support 47](#_Toc416184660)

[10.7 Fatal incident 48](#_Toc416184661)

[10.8. Documentation and record-keeping 48](#_Toc416184662)

[SECTION 11: CLIENT EXIT AND RE-ENTRY 50](#_Toc416184663)

[11.1 Client exit 50](#_Toc416184664)

[11.2 Follow-up of exiting clients 52](#_Toc416184665)

[11.3 Notifying relevant people about client exit 52](#_Toc416184666)

[11.4 Storing documents 53](#_Toc416184667)

[11.5 Client re-entry 53](#_Toc416184668)

[SECTION 12: INTERNAL REFERENCES 55](#_Toc416184669)

[12.1 Supporting documents 55](#_Toc416184670)

[12.2 Referenced Policies 55](#_Toc416184671)

[SECTION 13: EXTERNAL REFERENCES 56](#_Toc416184672)

[13.1 Legislation 56](#_Toc416184673)

[13.2 Resources 56](#_Toc416184674)

[13.3 Websites 57](#_Toc416184675)

##

## SECTION 1: CLIENT CLINICAL MANAGEMENT FRAMEWORK

### 1.1 Policy statement

**[Insert organisation name]** is committed to providing consistent, evidence-based client management and administrative practices. Effective client interventions and administrative processes are a priority for the organisation to support clinical intervention and comprehensive client care.

### 1.2 Purpose and scope

The purpose of this policy is to guide the organisation in providing appropriate client clinical management processes that involve clients and potential clients. In addition, this policy aims to provide guidance in developing and implementing client administration practices that are efficient, fair and consistent to respond effectively to existing and potential clients of **[insert organisation name]** and their needs.

This policy applies to all client services and programs and all staff involved in client management. It does not prescribe specific treatment interventions, counselling techniques, psychopharmacologies and medications.

### 1.3 Definitions

|  |  |
| --- | --- |
| **Assessment** | The process of gathering information from and about the client in order to develop an understanding of their drug and alcohol, health and welfare needs and to determine suitable intervention options and treatment planning. |
| **Case management**  | The process of coordinating the acquisition and delivery of services by other organisations to meet individual client needs, thereby providing a holistic and client-centered approach. |
| **Case notes** | A ‘case note’ is the term applied to a chronological record of interactions, observations and actions relating to a particular client. |
| **Consent** | Provision of approval of a specific question and must be voluntary, informed and current. Consent can only be provided by a person with capacity to make decisions. |
| **Continuing care**  | Follow-up support provided to a client after completing or exiting a treatment or support program. |
| **Evidence-based** **practices** | The conscious, conscientious and explicit application of the best available research and evidence-informed clinical work practices. |
| **Exit** **(or discharge)**  | The process through which clients transition out of the organisation programs and services. Ideally, the exit process occurs when the client reaches their goals outlined in the treatment management plan; this may include a period of transition to exit and continuing care. |
| **Health promotion**  | The process of enabling people to increase control over the determinations of health, thereby improving their health. |
| **Intake** | Is the initial process and contact with a service through which a person’s drug and alcohol, health and welfare needs are identified to determine suitable intervention options. |
| **Integrated care**  | The provision of treatment for a broad range of health problems by a single clinician or treatment team where possible. And where not possible, the provision of treatment by two or more clinicians working collaboratively within a network of services. |
| **Referral**  | A request for a specialist consultation or service that occurs when an organisation is not able to meet the client’s needs or has insufficient resources to manage the client condition. |
| **Safety plan**  | A plan devised by a client that includes assessment of risk and a clear plan for a particular course of action to follow, should personal safety be compromised. A safety plan details who the client can contact for support, and includes family, friends, carers and other service providers. |
| **Screening**  | The initial step in the process of identifying client problems other than those related to substance use. This process is not diagnostic (i.e. it cannot establish whether a disorder actually exists). |
| **Treatment**  | The care provided to improve a person’s health situation. |

### 1.4 Principles

**[Insert organisation name]** adheres to the following principles of good practice outlined below:

* Client interventions are informed by research, evidence and known best practice.
* Services provided are applied consistently and equitably across the organisation by skilled, qualified and informed staff.
* Client interventions aim to reduce drug and alcohol related harm to individual clients, families and communities.
* The needs of clients are acknowledged in the provision of integrated care.
* Clinical administration processes are integral to the client experience and are conducted in close consultation and collaboration with the client, and where appropriate, with the client’s family.
* Client administration processes are fair, follow due process and uphold the client’s rights, privacy and confidentiality.

### 1.5 Outcomes

* Effective, relevant and ethical treatment provided to clients, positively influencing health, interpersonal and welfare outcomes and improved wellbeing.
* Individual client treatment and interventions, and broader organisational development decisions involve clients.
* Staff knowledge and practice in the delivery of treatment and health services is maintained through support of the organisation.
* Quality practices in assessment, intervention, referral, suicide and self-harm prevention and medication management is implemented by all staff.
* Integrated care for clients is improved through partnerships with other services.
* **[Insert organisation name]** provide and implement client administration practices that are systematic, compliant with legislation and quality standards, informative and protects the interests and rights of the client, as well as those of the organisation.
* Staff members implement and respond to intake, assessment and treatment interventions only based on client’s needs, choice and informed consent.

### 1.6 Delegations

|  |  |
| --- | --- |
| **Board of Directors** | * Endorse and ensure compliance with the Client Clinical Management Policy.
* Familiarise themselves with legislative requirements of this Policy.
 |
| **Business services/ Management**  | * Comply with the Client Clinical Management Policy.
* Familiarise themselves with legislative requirements of this Policy.

**CEO/Manager*** Monitor the implementation and review of the Client Clinical Management Policy.
* Ensure and monitor staff competence and compliance with this Policy.
* Collate/report information on adverse client events as required.

**Management*** Support staff competence and compliance with this Policy.
* Operational decision-making is informed by this Policy.
* Provide professional support and supervision to staff; work in consultation with staff to develop and review Client Treatment Plans.
* Ensure staff receive appropriate training, supervision and debriefing to comply with this Policy.
* Collate/report information on adverse client events as required.
* Review/support the review of clinical processes.
 |
| **Program services/ Clinical** | * Comply with the Client Clinical Management Policy.
* Familiarise themselves with legislative requirements of this Policy.
* Support operational decision-making relating to this policy.
* Identify “at risk” clients, notify management and act in accordance in providing duty of care.
* Maintain knowledge of the current evidence-based interventions available to clients.
* Participate in regular clinical supervision.
* Where appropriate, maintain registration requirements with relevant associations and/or peak bodies.
 |

### 1.7 Policy implementation

This policy is developed in consultation with **[insert organisation name]** employees and endorsed by the Board of Directors.

This policy is part of all staff orientation processes and all staff, Board members and volunteers are responsible for understanding and adhering to this Policy.

This policy is referenced in other relevant policies, procedures and supporting documents to ensure that it is actively used.

This policy is implemented in conjunction with the Service and Program Operations Policy, Work Health and Safety Policy, Communications Policy and the Clinical Supervision Policy.

Specific monitoring and support activities undertaken include:

* Client administration items on staff agenda, where issues are raised and addressed
* Intake and assessment meetings
* Client file reviews
* Discharge client reviews
* Referral follow-ups and regular communication with referral stakeholders.

### 1.8 Risk management

Staff responsible for the clinical management of clients are adequately trained, supported and supervised to use evidence-based approaches and interventions.

Staff are aware of relevant legislation and duty of care provisions through induction, training and an assessment of their competencies prior to undertaking duties. All staff are supported to recognise the limits of individual roles and competencies and actively facilitate links to further levels of care where necessary.

The clinical administration aspects of this policy and its procedures are informed by and comply with relevant legislation, including the Privacy Act 1988 (Commonwealth), Health Records and Information Privacy Act 2002 (NSW), Handbook to Health Privacy (2007), Public Health Act 1991 (NSW). For more information relating to Privacy and Confidentiality, refer to the Communications Policy.

This policy is reviewed in line with the quality improvement program and is included in the **[insert organisation name]** policy review schedule where all policies are reviewed every **[Insert frequency]** at a minimum, or following significant operational, policy or legislative requirements.

## SECTION 2: SERVICE APPROACH

All **[insert organisation name]** interventions are informed by best practice evidence. It is acknowledged that the strength of the therapeutic alliance between staff and clients is predictive of positive outcomes, including engagement and retention of clients in the treatment process, and that the link between the therapeutic alliance and outcomes is independent of the type of intervention used.

### 2.1 Overview of treatment approaches

**[Insert organisation name]** provides services based on the following treatment philosophies and approaches:

**🖌Note\***

Please edit, add and/or delete the approaches that are relevant to your organisation below and delete those ones that are not appropriate to your activities.

\*Please delete note before finalising this policy

* **Integrated care for both substance use and mental health problems**

Integrated care refers to the provision of interventions and treatment for co-existing drug and alcohol and mental health problems by a single worker, team or program or the provision of treatment by two or more staff members, teams or programs in collaboration.

* **Harm reduction**

Harm reduction approaches form part of a comprehensive approach to harm minimisation. These strategies aim to minimise harm arising from drug and alcohol use, while people continue to use drugs.

* **Abstinence-based**

Abstinence-based approaches aim to support clients to live a drug-free lifestyle. These approaches may include the ‘disease model’ approach.

* **Case management**

Case management is the process of coordinating the acquisition and delivery of services to meet individual client needs, providing a holistic and client-centered approach. This approach recognises that clients with multiple and complex needs access services from a range of providers and that working in partnership with these providers and the client will improve care planning, service facilitation, outcome monitoring and advocacy as well as reducing duplication of services.

* **Family inclusive practice**

Family inclusive practice includes providing meaningful support and appropriate referrals for families, as well as their involvement and participation in the planning, care and treatment of clients. Working with family and carers is an essential part of a comprehensive response to working with people with drug and alcohol problems.

* **Therapeutic community model**

The therapeutic community (TC) model emphasises a holistic approach to treatment and addresses the psychosocial and other issues behind substance abuse. The community is thought of both in the context and method of the treatment model where both staff and other residents assist the resident to address their drug dependence.

* **Health promotion**

Health promotion is the process of enabling people to increase control over their health and its determinants, and thereby improving their health status. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental, political and economic conditions to alleviate their impact on populations and individual health.

* **Outreach model**

An outreach model involves workers contacting hard-to-reach groups in their own environment. Street-based outreach is conducted where the client is located and can include advocacy and referral. This type is more common in areas where homeless or transient users congregate. Mobile-based outreach is conducted where the client is located and best suited to those individuals who are unlikely to access established services. Services can include providing information and health interventions. Satellite-based outreach is where workers travel to key agencies where users gather.

* **Early intervention**

Early intervention is concerned with identifying issues related to drug and alcohol use in its early stages, in order to introduce a strategy aimed at halting the progression of the problem.

* **Extended and continuing care**

Extended and continuing care or aftercare is provided following discharge/exit from the service. The primary aims of this care are: supporting the client to continue their lifestyle changes, maintaining health, coping with stressors, managing crises and preventing relapses while reintegrating into the community. Contact with clients through extended care can be used to prompt a step-up or step-down from treatment when needed.

* **Recovery model**

The recovery model is client-directed and recognises the value of the experiences of the client, and brings it together with the expertise, knowledge and skills of health practitioners. The principles of recovery include: hope and having meaning, purpose and direction in life; equality and respect; empowerment and self-determination, social inclusion and connectedness.

* **Client/consumer participation**

Consumer participation is the process of involving health consumers in decision-making about health service planning, policy development, setting priorities and qualities issues in the delivery of services.

### 2.2 Overview of peer support approaches

**[Insert organisation name]** utilises the following peer support approaches:

**🖌Note\***

Please select the approaches relevant to your organisation below and delete those ones that are not appropriate to your activities.

\*Please delete note before finalising this policy

* **Therapeutic community peer support model**

The therapeutic community peer support model involves the whole community, including staff members, providing mutual support as the principal means for promoting personal change. Residents who have successfully left the program are able to provide support and act as role models to others who are still struggling.

Some staff are themselves in recovery, which provides a message to clients/residents of the benefits of treatment.

* **Peer helper model**

Peer helper model involves workers, both paid and voluntary, who have a lived experience of drug and alcohol use and have achieved their treatment or recovery goals. These helpers are advocates, who aim to provide a friendly ear and at the same time act as a constructive role model for clients.

* **Peer education model**

The peer education model, within the context of drug use involves former or current drug and alcohol users who are of similar age, have similar values, beliefs, cultural and socio-economic backgrounds to share information and knowledge on safer drug and alcohol use with other group members. Peer education strategies include:

* Informal peer education – where peer educators talk to their friends about the potential harms of drug and alcohol use and the safer use of drugs and alcohol.
* Structured peer education – where peer educators engage in conversations about drugs and alcohol with strangers who visit a mobile shopfront.
* Establishing connections to facilitate networking, referral, personal skills and partnerships with other organisations that also offer outreach or assistance to clients engaged in drug use.

### 2.3 Overview of intervention approaches utilised

**[Insert organisation name]** utilises the following intervention approaches:

**🖌Note\***

Please add detail on the range of approaches relevant to your organisation below, along with any detail on who can administer different approaches (e.g. if particular training or qualifications are required).

\*Please delete note before finalising this policy.

* **[Brief interventions]**
* **[Motivational interviewing]**
* **[Contingency management]**
* **[Intensive psychosocial therapies, i.e. cognitive behavioural therapies (CBT), interpersonal psychotherapy (IPT), acceptance and commitment therapy (ACT), emotion regulation, mindfulness-based stress reduction (MBSR), dialectical behaviour therapy (DBT), family approaches, couple/family therapy, solution-focused approaches, narrative approaches]**
* **[Self-help groups]**
* **[Self-help materials]**
* **[Management of crisis situations]**
* **[Group-work].**

**🖌Note\***

For more detail on specific psychosocial interventions used with substance using clients please see the NSW Health Drug and Alcohol Psychosocial Interventions (2008) listed in Section 8.

\*Please delete note before finalising this policy

## SECTION 3: ACCESS AND INTAKE

**[Insert organisation name]** ensures that access, intake and assessment of existing and future clients are equitable and consistent throughout the organisation services and programs by implementing the following processes and practices.

### 3.1 Access to services

**[Insert organisation name]** services and programs are accessible to all those who seek and need them and are provided according to industry standards in a manner that is equitable, appropriate and sensitive.

Services and programs are open to people regardless of race, age, language, gender identity, marital status, country of origin, cultural background, political affiliation, religion, involvement with the criminal justice system, sexual preference, or disability, unless specific service priority or eligibility criteria are established. The organisation is inclusive and not discriminatory in its practice. For more information, refer to the [Federal and NSW anti-discrimination laws guide](https://www.humanrights.gov.au/guide-australias-anti-discrimination-laws) and the Organisational Development Policy.

**🖌Note\***

Edit the above to reflect specific service arrangements, such as age range.

\*Please delete note before finalising this policy.

#### 3.1.1 Promotion of services

To ensure that **[insert organisation name]** services are accessed by all sections of the community, it is essential that programs and services, including the service approach, are clearly promoted and articulated.

#### 3.1.2 Client information

**[Insert organisation name]** believes that clients have the right to make choices about their treatment options. The provision of appropriate, accurate and timely information will assist them in making informed and knowledgeable decisions. In order to carefully inform clients, **[insert organisation name]** produce and maintain an updated Client Orientation Pack, which is provided in hard copy and explained verbally to promote and check clients’ understanding. For more information on the Client Orientation Pack, refer to the Communications Policy.

#### 3.1.3 Priority access

Priority access supports admission to the service/program for clients who have acute or identified needs. Priority access is clearly communicated, promoted and complies with anti-discrimination legislation.

Where demand for services/programs exceeds capacity, priority criteria are applied to the intake and assessment process. **[Insert organisation name]** gives priority access to clients according to the following priority table; however, exceptions may be made on an individual basis.

|  |  |  |
| --- | --- | --- |
| **Priority No.** | **Priority Group** | **Reason for priority** |
| **1** | **[Insert priority group and/or criteria]** | **[Insert reason for priority access]** |
| **2** | **[Insert priority group and/or criteria]** | **[Insert reason for priority access]** |
|  |  |  |

***🖌Note\****

*An example of a priority group is pregnant women and the reason for priority is to support safe pregnancy and birth for the mother and the child.*

*\*Please delete note before finalising this policy*

#### 3.1.4 Eligibility and Access criteria

**[Insert organisation name]** sets specific service and program criteria to restrict access to certain people; these criteria are based on priorities, needs, program targets and services available. The eligibility and access criteria are clearly communicated, promoted and comply with anti-discrimination legislation.

**[Insert organisation name]** restricts access to potential clients according to the box below; however, exceptions may be made on an individual basis.

|  |  |  |
| --- | --- | --- |
| **Criteria No.** | **Restricted group** | **Reason for restriction** |
| **1** | **[Insert restricted group]** | **[Insert reason for restriction]** |
| **2** | **[Insert restricted group]** | **[Insert reason for restriction]** |
|  |  |  |

***🖌Note\****

*Examples of restricted groups are:*

* *Women with children and the reason for restriction is the capacity of the organisation to cater for and meet the needs of children onsite.*
* *Clients on bail (if bailed to the service address) – exceptions can be made if the bail address can be easily rearranged when the client exits the program negotiated.*

*\*Please delete note before finalising this policy.*

### 3.2 Client intake

**[Insert organisation name]** places high importance on the quality of the intake process to ensure that the client experience is positive and encouraging.

Clients must provide consent to **[insert organisation name]** to undertake an intake process. Consent is given verbally and/or in writing. Where the client comes into contact with the organisation through a third-party referral, consent is confirmed directly with the client before commencing an intake process.

Consent is documented on client intake forms and client file notes. For more information about consent, refer to the Client Consent and Plans Section in this policy.

**[Insert organisation name]** staff undertake intake activities with potential clients to:

* Provide information about the intake and assessment process
* Determine eligibility
* Identify initial drug and alcohol, health and welfare needs
* Provide information regarding specific services and programs
* Provide information about other requirements for admission to the service/program
* Commence developing client rapport.

The **[insert organisation name]** intake procedures include:

* **[Insert intake procedures, e.g. intake will occur by appointment only]**
* **[Insert intake procedure]**
* **[Insert intake procedure].**

***🖌Note\****

*It is important to clarify your organisational intake process for all staff, so they are ready to act at those times when your nominated intake officer is not available.*

*Examples of intake procedures include:*

* *A minimum of two (2) staff members must be on the premises at the moment of the intake meeting*
* *Intake activities occur only from Monday – Friday (during regular office hours).*

*\*Please delete note before finalising this policy.*

The person responsible for conducting the client intake processes is the **[insert relevant position, e.g. intake officer or administration officer]**. In the absence of the nominated staff member the intake processes are undertaken by **[Insert relevant positions, e.g. support workers]** and coordinated by a roster system where each **[insert relevant positions]** have allocated intake duties.

**[Insert organisation name]** intake contact details are clearly communicated in relevant organisational communications.

The client intake practice is guided by a client intake form, which records the following details:

* Client name, date of birth, gender identity
* Relevant data reportable to funding bodies
* **[Insert other details include on your organisation Client Intake Form].**

***🖌Note\****

*A clear intake procedure should be developed and communicated to all staff and allow for review of the process on a regular basis. An example of an intake process may be:*

|  |
| --- |
| **Intake Process** |
| **Point of access** | **Follow-up action** | **Requirements** |
| Referral | * Discuss potential client needs with referral agency
* Seek consent
* Arrange intake and assessment meeting
* Assessment meeting
* Potential client placed on waiting list
* Potential client assessment review
* Potential client resolution
* Potential client is advised of outcomes and details
 | * Intake form
* Referral form
* Client Assessment form
* Assessment review outcomes
* Acceptance/rejection letter
 |

*\*Please delete note before finalising this policy*

If at the time of assessment the client shows low, moderate or high risk of self-harm or suicidality, clients are provided with a Keep Safe Strategies List Handout, a list of helpful strategies that they might employ when confronted with self-harm or suicidal thoughts. For more information, refer to the Suicide and Self-Harm section of this policy.

## SECTION 4: ASSESSMENT

***🖌Note\****

*Each organisation will have different assessment processes and tools. This section and the templates provided as part of this policy are a guide of a general assessment policy. It is recommended that organisations adapt this section and the templates provided to better suit individual organisational requirements.*

*\*Please delete note before finalising this policy.*

Client assessment is the initial formal conversation/meeting between **[insert organisation name]** and potential and existing clients. The purpose of conducting a comprehensive client assessment is to identify drug and alcohol, health and welfare needs and to obtain a holistic view of their strengths, resources, supports, previous experiences, and expectations from the service/program.

Information obtained from a client assessment informs the development of individual client treatment planning.

**[Insert organisation name]** conducts client assessments to make sure that clients’ needs are heard and met by the organisation services in an appropriate and competent manner that protects the client’s privacy and the right to make choices.

### 4.1 Environmental setting of assessment

Where possible, assessment will occur in **[insert designated room name/number]** or in a location designated by the potential or existing client. The physical location set-up will ensure the client dignity, privacy and enhance their personal autonomy. At the same time, the location must ensure the safety of all involved.

Telephone and video technologies may be used when face-to-face assessment is not possible, due to distance, resources, or if it is the client’s preference.

Other **[insert organisation name]** environmental considerations in the assessment facilities include:

* **[Insert other environmental considerations for your organisation assessment facilities]**
* **[Insert other environmental considerations for your organisation assessment facilities].**

***🖌Note\****

*Examples of environmental considerations include:*

* *Whether a person of a particular gender is more suitable to conduct the assessment (if possible)*
* *The room must be clean, well-maintained and free from distractions*
* *No smoking and/or excessive noise in the room at the time of the assessment.*

*An Organisation Communications Audit Tool template is provided in the Communications Policy. This can be used to assess environmental considerations to promote clear and effective communications.*

*\*Please delete note before finalising this policy*

### 4.2 Assessment procedures

The organisation procedures for conducting a comprehensive client assessment are documented clearly for staff and clients.

***🖌Note\****

*An example of the assessment process may be:*

|  |
| --- |
| **Assessment procedures** |
| **No. of action** | **Detail** | **Requirements** |
| 1 | * Assessment meeting co-ordination
 | * Internal booking system
 |
| 2 | * Referral information obtained
 | * Collection of referral documents
* Collection of other information from agencies, with the consent of the potential client
 |
| 3 | * Client file started
 | * Intake form
* Referral form and information
 |
| 4 | * Assessment meeting performed
 | * Assessment form
* Suicide prevention screener and suicide risk formulation plan
* Client file
 |
| 5 | * Assessment review meeting
 | * Suicide risk level guide
* Assessment review report
 |
| 6 | * Assessment outcome communication
 | * Resolution letter
 |
| 7 | * Action following-up assessment
 | * Treatment plan and review
 |

*\*Please delete note before finalising this policy*

With the previous consent of the potential client, the organisation may collect relevant assessment information from a range of organisations with which the client has had contact.

Assessment reviews may be undertaken at various points in the intervention, including:

* **[Insert occasion for undertaking another assessment, e.g. transfer from another facility or after a certain amount of time].**
* **[Insert occasion for undertaking another assessment, e.g. transfer from another facility or after a certain amount of time].**

### 4.3 Assessment tools

Evidence-based assessment tools and methods are used as appropriate to the types of services provided by **[insert organisation name]**. They may include interviews, strengths worksheets, functional assessments, family input, suicide risk assessment and other risk assessment, problem-oriented assessment, formulation and mental status examination, skills assessment, vocational assessments, genograms and others.

#### 4.3.1 Standardised screening and assessment tools

**[Insert organisation name]** uses the following standardised screening and assessment tools:

***🖌Note\****

*The following list includes examples of a range of tools you may use in your organisation; please edit, delete as needed.*

*\*Please delete note before finalising this policy*

* Drug and alcohol tools
* Alcohol Use Disorders Identification Test (AUDIT);
* Substance Dependence Severity Scale (SDS);
* Opiate Treatment Index (OTI);
* Addiction Severity Index (ASI);
* Alcohol, Smoking and Substance Involvement Screening Test (WHO ASSIST);
* CAGE.
* Mental health tools
* Kessler Psychological Distress Scale (K10);
* PsyCheck; Depression, Anxiety and Stress Scale (DASS);
* Psychosis Screener (PS);
* Mental state examination;
* Beck Depression Inventory;
* General Health Questionnaire (GHQ).
* Trauma tools
* Traumatic Life Events Questionnaire (TLEQ);
* Trauma History Questionnaire (THQ);
* PTSD Symptom Scale Self-Report (PSS-SR);
* PTSD Checklist.
* Readiness to change
* Integrated Motivational Assessment Tool (IMAT);
* Decisional Balance Worksheet;
* Readiness to Change Questionnaire.
* Cognitive functioning
* Montreal Cognitive Assessment Tool (MoCA);
* Addenbrooke’s Cognitive Examination –III (ACE- III).

🖌***Note\*****Refer to the NADA Complex Needs Capable resource* [*www.complexneedscapable.org.au*](http://www.complexneedscapable.org.au) *for information on screening questionnaires, screening tools and assessment tools for cognitive impairment.*

 *\*Please delete note before finalising this policy.*

The use of standardised screening and assessment tools aims to:

* Provide support for hypotheses developed during the course of an informal assessment
* Highlight issues that may not have appeared salient during the assessment interview
* Provide an objective measurement of the client’s circumstances
* Provide an objective means to measure change and treatment success
* Provide the means to develop a database that allows comparability between treatment approaches, comparability between clients accessing treatment services, and enhance information regarding what works and for whom, as well as other research purposes.

***🖌Note\****

*Standardised screening and assessment tools are those that have been evaluated as a reliable and valid means of gathering data. The correct application of standardised screening and assessment tools may require staff training, support and ongoing review. On occasions, the implementation may be limited due to the cost, copyright, ease of use, validity with particular client groups and their suitability for specific services/programs.*

*\*Please delete note before finalising this policy.*

#### 4.3.2 Client assessment form

The assessment information is collected using the Client Assessment Form, the document provides a comprehensive assessment, with seven (7) sections and offers a thorough review of a range of past and present client factors. The template records the following details:

* Substance use
* Medical history
* Mental health
* Suicide prevention, self-harm and risk to others
* Psychosocial environment
* Assessment summary
* Client assessment checklist
* **[Insert other areas of interest for your assessment form].**

#### 4.3.3 Assessment interview

The **[insert organisation name]** assessment interview provides an opportunity to further develop a relationship of trust, empathy and understanding between the client and the nominated worker.

The person responsible for conducting the interview is the **[insert relevant position, e.g. counsellor or intake officer].** In the absence of the nominated staff member, the assessment interview is undertaken by **[Insert relevant positions, e.g. support workers]** and coordinated by the direct supervisor or Manager/CEO.

The assessment interview is conducted in a semi-structured narrative format, evaluating all the areas included in the Client Assessment Form.

The assessment interview may include other areas that will support your treatment plan and assessment rating; these include:

* **[Insert other areas of interest for your assessment interview]**
* **[Insert other areas of interest for your assessment interview].**

Mandatory data is also collected at this stage, including:

* **[Insert mandatory data required and who will receive the data]**
* **[Insert mandatory data required and who will receive the data].**

The assessment interview also:

* Assists the client to re-appraise their drug and alcohol use; this re-appraisal may assist in facilitating within the client a desire for change.
* Assists the client to relate their issues, problems and situation with their drug and alcohol use.
* Facilitates a review of the client’s past and present and linking these to current drug use.
* Encourages the client to reflect on the choices, circumstances and consequences of drug and alcohol use.

🖌***Note\****

*A clear process for assessment should be documented, including advising the client of how long the process may take and if it is to be completed in one or more meetings.*

*\*Please delete note before finalising this policy.*

#### 4.3.4 Assessment review

Assessment and ongoing treatment reviews are undertaken at various points in the intervention, including **[insert occasion for undertaking a review. For example, change in medication].** Ongoing assessment reviews are important as clients’ symptoms and functioning may change throughout treatment.

## SECTION 5: CHILD PROTECTION REPORTING

***🖌Note\****

Please note that this section of this policy template was reviewed by McCullough Robertson Lawyers through Justice Connect Not-for-profit Law.

*The section has been written with the understanding that not all staff are mandatory reporters. This may not be the case for your organisation. Before customising this policy, organisations should determine whether:*

* *Its staff (or a group of staff, or individuals) are mandatory reporters for the purpose of Section 27 of the Children and Young Persons (Care and Protection Act 1998 (NSW).*
* *They are prescribed bodies for the purpose of Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998 (NSW).*
* *They are designated a non-government agency in accordance with the Ombudsman Act 1974 (NSW).*

*\*Please delete this note before finalising this policy.*

This policy provides guidance on reporting, record-keeping and exchanging information relating to concerns about the safety, welfare and wellbeing of a child or young person. It should be read in conjunction with the Service and Program Operations Policy section on child protection.

Staff of **[insert organisation name]** who work with children and young people may be classified as ‘mandatory reporters’; that is, they are required to report a suspected risk of significant harm to a child or young person to NSW Community Services. **[Insert organisation name]** should establish which roles make them a mandatory reporter.

All staff, students, volunteers and Board members should be aware of the **[insert organisation name]** Child Protection section following and, in the Service and Program Operations Policy, whether or not they are mandatory reporters. Anyone who suspects a child or young person is at risk of significant harm can make a child protection report, even if they are not a mandatory reporter.

### 5.1 Considerations

**[Insert organisation name]** ensures staff have adequate skills and knowledge to recognise and respond to child protection concerns through orientation, training and ongoing professional development considerations.

Risks to clients, children and young people are regularly assessed, identified and managed through intake, assessment and case management processes.

Staff must be culturally sensitive when dealing with child protection concerns about children and young people from all backgrounds, particularly Aboriginal and Torres Strait Islander communities, and culturally and linguistically diverse (CALD) communities.

Information in this section is summarised from the Child Wellbeing and Child Protection – NSW Interagency Guidelines. If further information is required, the guidelines are available at:

<http://www.community.nsw.gov.au/kts/guidelines/info_exchange/introduction.htm>

### 5.2 Responsibilities

Staff, students, volunteers and Board members of **[insert organisation name]** have the following responsibilities in relation to child protection:

* respond to child wellbeing and protection concerns through referral, reporting and service delivery;
* inform children and young people of their rights to be protected from abuse or neglect, and of the avenues of support available to them;
* provide care and support services to children, young people and their families;
* promote the safety, welfare and wellbeing of children and young people in the organisation; and
* provide non-discriminatory, culturally appropriate services in accordance with the *Anti-Discrimination Act 1977* (NSW).

### 5.3. Procedure Steps

#### 5.3.1 Determining the need to make a report to NSW Community Services

In the course of undertaking clinical and client support work in relation to alcohol and other drugs, staff may encounter situations involving children, young people and families in which there is a concern about a child or young person’s safety, welfare and wellbeing.

A child or young person is at risk of significant harm if the circumstances which are causing concern for the safety, welfare or wellbeing of the child or young person are present to a significant extent. These circumstances are:

* physical abuse
* neglect
	+ supervision
	+ physical shelter/environment
	+ food
	+ hygiene/clothing
	+ medical care
	+ mental health care
	+ education
* sexual abuse
* psychological harm
* child/young person is a danger to self and/or others
* relinquishing care
* carer concerns
	+ parent/carer substance abuse
	+ parent/carer mental health
	+ parent/carer domestic violence
* unborn child.

A circumstance may become significant because of a single act or omission, or an accumulation of acts or omissions.

A ‘significant’ concern is one which is sufficiently serious to warrant a response by a statutory authority (such as the NSW Police or Community Services), regardless of whether a family consents to the intervention or not. More detail on the grounds for risk of significant harm is provided in the Child Protection section of the Service and Program Operations Policy.

Where a staff member has reasonable grounds to suspect risk of significant harm, they should first use the [NSW Community Services Mandatory Reporter Guide (MRG)](http://www.keepthemsafe.nsw.gov.au/reporting_concerns/mandatory_reporter_guide) to assess whether their concerns meet the threshold of risk of significant harm.

The MRG is a structured decision-making tool which assists the reporting process when a mandatory reporter has concerns for the safety, welfare or wellbeing of a child or young person in NSW. It contains a number of “decision trees” (with scenarios such as physical abuse, neglect, psychological harm) that ask a series of questions to determine if the significant risk threshold is met. Staff members who are concerned about a child or young person but are not mandatory reporters should still use the MRG to determine whether they should make a report to Community Services.

If a concern does not fit any of the decision trees, it may not be reportable. However, if a staff member is still concerned, or has lingering doubts, they should discuss the issue with the Manager/CEO or contact Community Services.

#### 5.3.2 Making a report to NSW Community Services

Where use of the MRG indicates there is a risk of significant harm, staff are required to make a report to the Child Protection Helpline.

A report can be made by calling the relevant number:

Mandatory reporters **133 627**

Non-mandatory reporters **132 111**

Translation and interpreting service **131 450**

In an emergency where there are urgent concerns about a child or young person’s wellbeing, it is important to contact NSW Police using the emergency telephone line **‘000’**.

A reporter’s identity, or any information which may reveal the identity of a reporter, will not be disclosed by NSW Community Services, regardless of whether the report reaches the threshold of significant harm. However, reporters should be aware that their identity may be disclosed in the following circumstances:

* they consent to the disclosure;
* a court or other body before which proceedings relating to the report are being conducted has given leave for the disclosure; or
* NSW Police require the identity of the reporter to be disclosed where an investigation is occurring into an alleged serious offence committed against a child or young person.

A report to the Child Protection Helpline starts the process of assessing whether statutory child protection is required.

The detail and quality of the information provided to the Child Protection Helpline by the reporter is critical to the quality of the decision-making that follows. It is important to provide all relevant information when making a child protection report, but reports must still be made where only a little information is known but there is risk of significant harm.

Information required by NSW Community Services includes:

**Child’s information**

* Name of child or young person (or alias) or other means of identifying them
* Age and date of birth (or approximation)
* If child is Indigenous – Aboriginal, Torres Strait Islander or both
* Cultural background of child, language(s) spoken, religion and other cultural factors
* Name, age of other household children or young people
* Address of child and family
* School or childcare details.

**Family information**

* Name, age of parents/carer and household adults
* Home and/or mobile phone number
* Cultural background of parents, language(s) spoken, religion and other cultural factors
* Information about parental risk factors and how they link to child’s risk of harm, e.g. domestic violence, alcohol or other drug misuse, unmanaged mental illness, intellectual or other disability
* Protective factors and family strengths.

**Reporter Details**

* Name, agency address, phone and email details
* Position
* Reason for reporting today
* Nature of contact with child or family
* Nature of ongoing role with child or family (include frequency, duration and type).

**Services involved with child/family if known**

* If parent knows of report and their response
* If child or young person knows about the report, and their views
* Information related to worker safety issues
* Outcome of Mandatory Reporter Guide.

### 5.4. Actions if a concern does not meet the threshold of significant risk of harm

If the risk is below the threshold, staff are not required to report to Community Services. Where a staff member still has concerns about the safety, welfare or wellbeing of a child and the concerns do not reach the threshold for reporting to NSW Community Services or a report to the Child Protection Helpline does not commence statutory child protection proceedings, there are several options, including:

* Determining whether **[insert organisation name]** can provide services to assist the family or child or to help them access other support services;
* If another organisation is working with the family or child, contacting a representative to seek information and to work together to support the family (see Section 5.5 below, relating to information exchange); and
* If, after talking to another organisation, there is further information which suggests cumulative risk, the MRG should be used again, and if indicated, the child or young person should be reported to the Child Protection Helpline.

The Family Referral Service (www.familyreferralservice.com.au/) or Human Services Net (HSNet) (www.hsnet.nsw.gov.au) may assist staff members to locate other services to assist a child, young person or family in need.

It is important that records are kept of any child protection concerns for future reference and case review activities (see Section 5.6).

### 5.5 Information exchange relating to child protection

***🖌Note\****

*Only organisations which are ‘prescribed bodies’ may share information in accordance with these provisions.*

*\*Please delete this note before finalising this policy.*

#### 5.5.1 Informing clients and consent

Information may be shared between prescribed bodies, including many human services and justice agencies and non-government organisations, in accordance with Chapter 16A or Section 248 of the Children and Young Persons (Care and Protection) Act 1998*.* NSW Community Services will also usually seek to share information, in accordance with Chapter 16A, in the first instance with prescribed bodies. However, in certain circumstances, information may be shared between prescribed bodies in accordance with Chapter 16A, even in cases where Community Services is not involved.

If information is being shared in accordance with these provisions, it is not necessary to inform or seek the consent of the child/young person or their parent/carer about the exchange of information where:

* the staff member believes it is likely to further jeopardise a child’s or young person’s safety, welfare or wellbeing
* where the staff member believes it would place you or another person at risk of harm, the staff member is unable to contact a parent/carer, and the matter is urgent.

However, the consent of a child or young person to the sharing of information should be sought wherever possible before information is shared. It is also advisable to seek the consent of the relevant family members if it is necessary to share information about other members of the family.

Clients of **[insert organisation name]**, including children, young people, parents and caregivers, should be informed during initial assessment/intake processes, that information about them may be provided to other organisations in certain circumstances, including what kind of information may be shared. They should also be informed about their right to provide feedback or make a complaint if they believe there has been a misuse of information exchange practices.

#### 5.5.2 Providing and requesting information

**[Insert organisation name]** may be requested to provide any information it holds relating to the safety, welfare or wellbeing of a particular child, young person or their parent/carer under Chapter 16A. Additionally, **[insert organisation name]** may make a request for information to another organisation.

Information can be requested if it will assist the requesting organisation to:

* make a decision, assessment or plan relating to the safety, welfare or wellbeing of the child or young person
* initiate or conduct any investigation relating to the safety, welfare or wellbeing of the child or young person
* provide any service relating to the safety, welfare or wellbeing of the child or young person
* manage any risk to a child or young person that might arise in the recipient’s capacity as an employer or designated agency.

The request for exchanging information must be in writing and it should be clear about its purpose, as well as how the information is expected to assist the organisation.

If a request to disclose information is received from another organisation, the Manager/CEO should be consulted before any information is released so that the legitimacy of the request in relation to the safety, welfare and wellbeing of a child or young person can be properly determined.

**[Insert organisation name]** is not obliged to provide any information requested if it reasonably believes this would:

* Prejudice the investigation of any contravention (or possible contravention) of a law
* Prejudice a coronial inquest or inquiry
* Prejudice any care proceedings
* Endanger a person’s life or physical safety.

If a decision is made to decline a request for information, **[insert organisation name]** will notify the requesting organisation in writing of its refusal and the reasons for refusal, in relation to the exemptions listed above.

Checklists, template letters and forms for requesting and responding to requests for information can be found in the Child Wellbeing and Child Protection – NSW Interagency Guidelines at:

<http://www.community.nsw.gov.au/kts/guidelines/info_exchange/introduction.htm>

#### 5.5.3 Providing information in accordance with Section 248

NSW Community Services will use Section 248 to direct the provision of information from **[insert organisation name]** if attempts to share information in accordance with Chapter 16A have been unsuccessful and the information is essential for a child protection assessment or intervention. The organisation must comply with such a direction.

### 5.6 Record-keeping

In addition to observing the standard protocols of **[insert organisation name]** in relation to record-keeping, written/electronic records should be kept by staff of each interaction with a child, young person or family about which child protection concerns are held.

In addition, a detailed record of interventions and supports offered to children, young people and families should be kept to be able to:

* Exchange appropriate information with NSW Community Services and other organisations if requested through information exchange mechanisms Section 248 and Chapter 16A.
* Recognise a pattern of acts which may constitute a cumulative risk of significant harm and require reporting to the Child Protection Helpline.
* Keep a record of interventions attempted; determine what has worked and what may need to change.

Refer to the Service and Program Operations policy for more information on child protection matters and the Human Resources Policy for information on Working with Children Check requirements.

##

## SECTION 6: REFERRALS

Referrals are an essential component of **[insert organisation name]**’s operations. The following referral policy and procedures ensure that staff involved in requesting and receiving referrals and those clients involved in the process receive consistent information and support to make well informed choices.

The purpose of the referral processes is to support clients to access and connect with services that are suitable and competent to meet their needs.

All referrals made to another service or received by **[insert organisation name]** should be agreed to by the potential or existing client before they are made. Client consent should be obtained to receive or request any type of information about the client.

**[Insert organisation name]** provides referral alternatives to clients when:

* A potential client is not eligible for services and programs
* A potential client chooses not to continue with the intake and/or assessment process
* An existing client chooses not to continue with his/her treatment plan
* A potential client is placed on the waiting list
* **[Insert other occasion when clients are provided with referral alternatives]**
* **[Insert other occasion when clients are provided with referral alternatives].**

Clients may be referred to or by a range of individuals or organisations in a number of ways, including referrals made in person, by telephone, using a referral form, letter or email. All referrals are guided by the Referral Form, which records the following information:

* Client contact details and information
* Source and reason of referral
* Drug and alcohol information
* Mental health information
* Other relevant health information
* Concerns and recommendations
* Client consent and agreement
* **[Insert other details include on your organisation referral form]**
* **[Insert other details include on your organisation referral form].**

### 6.1 Types of referrals

#### 6.1.1 Standard referral process

When necessary, referral of clients to other health and welfare services occurs. Staff at **[insert organisation name]** proactively assist the client to co-ordinate and negotiate service delivery to ensure continuity across service sectors. The process of referral aims to ease the transition for the client:

* Referral is managed sensitively to reduce the number of clients who are lost to treatment in the referral process
* Referral is discussed with the client and any concerns are addressed
* Consent or written permission is sought from the client before contact with the new agency is made
* The client is supported until an appointment with the new organisation is arranged and it is established that the referral was successful
* Staff work collaboratively with the new organisation to support the client through the referral process.

The standard referral process could occur as part of the exit/discharge process or as part of case management co-ordination.

#### 6.1.2 Suicide prevention referral process

If risk of suicide or self-harm is assessed as being moderate or above, an immediate referral is made to a specialist mental health service for priority assessment and intervention. The client is accompanied to the mental health service and/or hospital by a staff member, or arrangements are made for the assessment to take place at **[insert organisation name]**, or other safe arrangements are made for the client to attend the specialist mental health service.

The organisation maintains links and has established referral protocols with external services. For more information refer to the suicide and self-harm prevention Section of this policy.

### 6.2 Receiving a referral

**[Insert organisation name]** receives, records and assesses referrals consistently and ensures responses are provided to the relevant person in a timely manner.

***🖌Note\****

*A referral procedure may need to be developed for your organisation; an example process of receiving a referral may be:*

|  |
| --- |
| ***Referral Process*** |
| ***Source of referral***  | ***Follow-up action*** | ***Requirements*** |
| *Telephone*  | * *Discuss potential client needs and service opportunities with the organisation*
* *Seek client consent to carry out a formal referral process with relevant client health information*
* *Arrange intake and assessment meeting*
* *Assessment meeting*
* *Potential client placed on waiting list*
* *Potential client assessment review*
* *Potential client resolution*
* *Potential client and referral agency are advised of outcomes and details.*
 | * *Referral form*
* *Intake form*
* *Client Assessment form*
* *Assessment review outcomes*
* *Acceptance/rejection letter*
 |

*\*Please delete note before finalising this policy*

The **[insert organisation name]** process of receiving referrals from other organisations is communicated online and in hard copy. The information contains the following information:

* Brief organisation overview
* Services and programs priorities areas and access criteria
* Information required from the referral source
* How to make a referral to **[insert organisation name]**
* Referral form
* **[Insert other details include on your organisation referral information pack]**
* **[Insert other details include on your organisation referral information pack].**

### 6.3 Making a referral

**[Insert organisation name]** makes active referrals to other organisations, based on the client’s needs and consent. Staff take an active role in checking if the referral has been successful to facilitate further support for the client when needed.

***🖌Note\****

*A referral-making process may be required for your organisation; an example process of making a referral may be:*

|  |
| --- |
| ***Referral Process*** |
| ***Source of referral***  | ***Follow-up action*** | ***Requirements*** |
| *Telephone*  | *Prior to phone call:** *Ensure that the client has agreed to the referral process and has provided consent to discuss private information with other agencies.*

*After phone call:** *Request information from other agencies on the client’s behalf*
* *In consultation with the client, evaluate the alternatives and support the choice made by the client*
* *Meet and complete the other agency referral processes*
* *Maintain confidentiality and privacy at all times*
* *Provide all available information to the nominated agency*
* *Inform clients of the next steps and requirements*
* *Transfer the case to the agency receiving the referral*
* *Review and follow-up the case with agency receiving the referral.*
 | * *Agency referral form/ process*
* *Client Assessment form*
* *Assessment review outcomes*
* *Client exit summary form.*
 |

*\*Please delete note before finalising this policy*

### 6.4 Developing and maintaining referral pathways

**[Insert organisation name]** develops and maintains effective networks with other services that may be relevant and complement the organisation’s services and programs to benefit potential and existing clients.

**[Insert organisation name]** establishes effective networks and referral pathways by:

* Providing clear and up-to-date information on eligibility, priorities and other referral information
* Providing complementary or specialist services to partner agencies
* Developing and reviewing agreements, terms of reference or memorandums of understandings to facilitate referral partnerships
* Maintaining open communication channels, meetings and follow-up
* Maintaining clear documentation and records of referral processes.

**[Insert organisation name]** manages current referral partners and contact details on the Referral Directory Tool. The Excel sheet collates service name and type and contact information, geographical boundaries and target groups, eligibility criteria, access and referral processes.

The document is reviewed and updated every **[insert frequency]** by **[insert role]** to maintain accurate and relevant data.

***🖌Note\****

*A template Referral Directory Tool is provided with this template; however, the template must be populated with the organisation’s relevant referral contacts. For more information on partnerships, refer to NADA Partnership Resources.*

*\*Please delete note before finalising this policy.*

##

## SECTION 7: COMMUNICATION OF INTAKE, ASSESSMENTS AND REFERRAL PROCESSES

All **[insert organisation name]** potential and existing clients are provided clear communication regarding their intake, assessment and referral status throughout the duration of the treatment process.

### 7.1 Outcome notifications

Where an intake and assessment process has been finalised **[insert organisation name’s]** potential and existing clients will be notified of the outcome.

Potential and existing clients have access to information on how to provide feedback and make a complaint when accessing information or services from **[insert organisation name]**. For more information about feedback and complaints, refer to the Communications Policy.

#### 7.1.1 Service access decline

Potential clients that are not eligible for the service/program following the intake, assessment or referral process are notified of the outcome and provided with:

* The reasons and details why the service will not be provided
* Information about other available services
* Information about when and under which circumstances the person could reapply to access the organisation’s services or programs
* Information about the feedback and complaints processes
* **[Insert other action to follow when clients are not eligible].**

#### 7.1.2 Referral to another agency

If a potential or existing client is not eligible for the organisation’s services and programs, or the potential or existing client chooses not to continue with the process, a referral may be made to an appropriate service in line with the organisation’s active referral policy.

#### 7.1.3 Provision of service

If a potential client is eligible for services and programs, staff members act according to the following procedures:

* **[Insert procedure when a potential client is eligible]**
* **[Insert procedure when a potential client is eligible].**

***🖌Note\****

*Some example procedures when clients are eligible include:*

* *Potential client receives an outcome letter*
* *Eligible client receives a Client Orientation Pack*
* *Development of a treatment plan in consultation with the eligible client*
* *Nominated staff member contacts eligible client and arranges final details to enter the service.*

*\*Please delete note before finalising this policy.*

Clients have the right to refuse the provision of service. For more information about the Client Rights, refer to the Service and Program Operations Policy.

#### 7.1.4 Place on a waiting list

Where demand for services/programs exceeds capacity, **[insert organisation name]** maintains a client waiting list.

Potential clients placed on the waiting list are provided with:

* Notification, including the reasons and details why they have been placed on the waiting list, and the approximate waiting period
* Ongoing support through **[insert method of support name, e.g. day program, outreach staff, arrangement with other service]**
* Information about other available services and referral process
* Waiting list maintenance procedure
* **[Insert other action to follow when clients are placed on waiting list].**

The organisation waiting list records the following details:

* **[Insert other information collected by your client waiting list]**
* **[Insert other information collected by your client waiting list].**

***🖌Note\****

*Some examples of information recorded on the waiting list include:*

* *Potential client contact details*
* *Source of referral*
* *Maximum number of potential clients on waiting list*
* *Allocated staff member*
* *Date of access and assessment needs.*

*A clear waiting list maintenance procedure may need to be developed and/or documented. This may include requirements of the potential client contacting the service on a weekly basis, accessing another service while waiting for a spot, receiving texts/phone calls from the intake staff on a regular basis to assess if they are still interested in participating. Waiting list maintenance procedures should be discussed with the potential client and should be flexible to the individual’s needs to support maintained motivation.*

*\*Please delete note before finalising this policy.*

### 7.2 Communicating with a diverse range of potential clients

#### 7.2.1 Non-English-speaking clients

In situations where the client does not speak English or is unable to communicate in English, the organisation arranges an interpreter to ensure that the client clearly understands the intake, assessment and referral processes, rights and responsibilities and all the information provided in the Client Orientation Pack. Details of interpreters are available in the referral directory.

***🖌Note\****

*The Community Relations Commission for a Multicultural NSW provides interpreter and translation services in 100 languages and dialects, including Auslan. Both services are available to all New South Wales Government departments and agencies, as well as private and commercial organisations, community groups and individuals.*

*For more information about the interpretation and translation, visit the Community Relations Commission for a Multicultural NSW website (https://multicultural.nsw.gov.au/our\_services/interpreting\_translation/language-services-guidelines/).*

*\*Please delete note before finalising this policy.*

#### 7.2.2 Clients living with mental health disorders

**[Insert organisation name]** provides clients living with mental health disorders with appropriate services and programs. These services and programs are delivered by competent staff and supervised by clinical staff.

The organisation ensures that integration with mental health service providers and other health-related services are engaged on the intake, assessment or referral process.

Potential clients that are assessed with risk of suicide and/or self-harm will be treated according to the Suicide and Self-Harm Prevention Section of this policy.

#### 7.2.3 Aboriginal and Torres Strait Islander clients

**[Insert organisation name]** provides Aboriginal and Torres Strait Islander clients with culturally appropriate services and programs, and where possible, with programs tailored for and delivered by Aboriginal staff. **[Insert organisation name]** ensures that staff members are trained and aware of the culturally appropriate format to promote engagement between staff and clients.

Refer to the Organisational Development Policy for more information on the organisational approach to inclusivity and respecting diversity.

#### 7.2.4 Clients with low literacy or reduced cognitive functioning

**[Insert organisation name]** acknowledges that many clients may have low literacy and/or have been exposed to situations and behaviours that may have impacted their cognitive functioning. As such, staff undertake their work using universal communication strategies to promote client engagement and understanding. Where low literacy or cognitive functioning issues have been identified, additional strategies may be used for the individual client. For more information on universal communication strategies, refer to the Communication Policy.

***🖌Note\****

*The NADA Complex Needs Capable: A practice resource for drug and alcohol services resource (hard copy and online www.complexneedscapable.org.au) provide a range of information and tools to support workers in identifying and supporting clients with a cognitive impairment. Refer to the resource for more information.*

*\*Please delete note before finalising this policy.*

#### 7.2.5 [Insert other client type]

**[Insert your procedure to communicate the organisation intake, assessment or referral process to another client type].**

***🖌Note\****

*Other client types may include:*

* *Women with children*
* *Clients in contact with the criminal justice system*
* *Clients on bail.*

*The procedures for each category may contain the following information:*

* *External agencies that will be involved on the intake and assessment process*
* *Staff member’s competency and skills*
* *Process to ensure they understand the Client Orientation Pack and other relevant information.*

*\*Please delete note before finalising this policy.*

### 7.3 Documentation

All documentation processed by the organisation is kept for **[insert period of time]** to ensure fair and transparent access, intake, assessment and referral processes and to monitor all requests for services, outcomes and other relevant information.

All client intake information is recorded and filed on **[insert filing location]** and managed by **[insert nominated filing person, e.g. administration officer].**

All client assessment information is logged using the client management system and recorded in individual client files and secured. To view more information about file management, refer to the Service and Program Operations Policy.

Reports and information prepared for a third party are done with previous client consent unless it relates to a child protection concern, concern for the person, or another person’s safety. For more information on child protection, refer to the Child Protection Reporting of this policy Section and the Service and Program Operations Management Policy.

Third party reports are:

* To include only relevant and important information
* Concise, clear, simple and objective
* Avoidant of value statements
* Exclusive of ambiguous terms, bias and jargon
* Inclusive of the source of information noted
* Marked as ‘strictly confidential’.

##

## SECTION 8: CLIENT CONSENT AND PLANS

The purpose of this section is to ensure that all people accessing **[insert organisation name]** services have the opportunity to participate as fully as possible in decision-making processes impacting on their life, including the treatment, care and support they receive, information they provide and responsibilities they assume.

### 8.1 Client consent

**[Insert organisation name]** potential and existing clients must provide informed consent. Informed consent is given verbally and/or in writing and is valid for **[insert timeframe]**. Where the client comes into contact with the organisation through a third-party referral, consent is confirmed directly with the client before commencing the referral, intake and/or assessment process.

Consent is documented on client intake forms and client file notes.

**[Insert organisation name]** considers:

* Consent provided by a client should be accepted unless there is a factual basis to believe the client did not have the capacity to provide this consent (for example, if they are intoxicated)
* For clients supported by the organisation, the participation/involvement of others in decision-making on key treatment, care and support processes is dependent on:
* decision-making rights of others, as determined by their legal status, in relation to the person;
* the person’s expressed wishes;
* An assessment of the person’s need for decision-making support.
* Every effort should be made to support clients to make their own decisions
* Clients have the right to make their own choices
* Clients have the right to provide or withhold consent for treatment without experiencing any adverse consequences
* Consent given while a client is intoxicated cannot be regarded as informed consent.

#### 8.1.1 Information

As soon as reasonably possible after the client enters a **[insert organisation name]** program, staff must establish if the client understands the information and options provided to them, or if the client would benefit from the support of a person with whom they have a pre-existing trusting relationship; for example, a case manager from another service.

Once **[insert organisation name]** staff have successfully assessed and identified the client’s capacity to make decisions, the nominated staff member must inform the client about:

* How the organisation works and what services are available
* The organisation’s policy relating to consent, assisted decision-making and his/her options to disclose information to external agencies
* Rights and responsibilities
* Feedback and complaints processes
* Fees, if applicable
* Information about other available services and referrals.

#### 8.1.2 Informed consent

**[insert organisation name]** uses plain English to inform people of program, services, processes and the purpose of them, including risks related to activities, restrictions, costs, reasonable alternatives, the right to refuse or withdraw consent, and the timeframe covered by the consent. Clients are encouraged to ask questions throughout the process in order to establish and enhance their understanding.

**[Insert organisation name]** program and services will only be provided to clients after informed consent has been provided.

If clients have difficulty understanding the information, the organisation takes steps to improve comprehension.

Clients are advised about the limits of confidentiality in documentation provided to them at intake. In providing formal and informed consent to receive a service, clients acknowledge the limitations of confidentiality, in that consent is not required to refer them to other health services or report to relevant authorities (e.g. child protection), if they are at risk to themselves or others.

#### 8.1.3 Clients with no capacity to provide informed consent

When a client does not have the capacity to give informed consent, **[insert organisation name]** will, where possible, protect the person’s interests by:

* Seeking permission from an appropriate third party recognised by the law (e.g. guardian, parent, carer, person responsible)
* Ensuring that the third-party acts in the best interests of the client and respects their wishes and interests
* Taking reasonable steps to enhance the person’s ability to give informed consent.

If there is no alternative for the client, the organisation may support people to find an advocate/ independent decision maker.

#### 8.1.4 Assisted decision-making

If a client has the capacity to make their own decisions but they would like some help, they are able to request support from someone they trust to assist them throughout the process.

An assisted decision-making arrangement is an agreement by the parties involved, the client and the supporter. Either party may end the agreement, at any time.

The client support could include:

* Helping the client think through the decision-making process and communicate decisions, if necessary
* Participating on personal and non-financial decision-making activities.

#### 8.1.5 Client decisions involving service delivery and network support

**[Insert organisation name]** ensures the decision-making processes about client services, treatment, and supporting networks is informed as far as reasonable, and upholds client rights at all times.

These decisions are considered essential to **[insert organisation name]** treatment and effective recovery pathways. Staff members ensure that clients are provided with opportunities to participate in decision-making during their entire involvement with the organisation, individually and as group.

Decision-making opportunities for the client accessing program and support networks could include:

* Receive a specific service from the organisation
* Involve carers, a guardian or an advocate in any or all stages of involvement with the organisation
* Allow personal information to be disclosed with external agencies
* Attend and contribute to treatment meetings
* Identify strategies for maintaining and improving wellbeing
* Identify early trigger factors and take actions to minimise the impact of self-harm
* Identify values, strengths and aspirations
* Keep personal records of positive health experiences
* Complete and discuss outcome measurement self-ratings
* Make decisions about assessment; the development, implementation and monitoring of a treatment plan, support options and exit plan
* Make a complaint or provide positive feedback
* Access and provide peer support.

#### 8.1.6 Client decisions involving medication

Medication can have an important role in the client treatment. Each client is assessed individually by qualified staff and the use of medication must be justified and used according to medical regulations. For more information regarding medication while involved in treatment, see the Service and Program Operations Policy.

#### 8.1.7 Client decisions when they are experiencing a health crisis

Although clients may find it difficult to make choices when they are experiencing a health crisis, they should still be involved in decisions as far as possible. Clients experiencing a crisis are:

* Supported to understand the current situation and concerns
* Given information about possible options and consequences (when qualified)
* Asked what they would find helpful, and
* Given some degree of choice, although this may be from a more restricted range of alternatives.

**[Insert organisation name]** will attempt to find someone who can act as a decision-maker, advocate or guardian for the client, possibly a member of his/her informal support network, who may provide appropriate knowledge of the causes and possible ways of proceeding. This process will be recorded on the client file.

### 8.2 Client plans and commitments

**[Insert organisation name]** use a range of plans and commitments with clients involved in the organisation.

***🖌Note\****

*Organisations should add, edit and delete the following information in order to suit their organisational needs.*

*\*Please delete note before finalising this policy.*

* **Case management plan**

The organisation adopt a case management approach to increase the client’s likelihood of receiving targeted and specialist assistance, facilitating retention and contact with other providers.

As clients often present with other significant health issues, relating to mental health, general physical health, child protection, employment, education, living skills, legal issues and family difficulties, a case management approach can increase the likelihood of the client successfully addressing their drug and alcohol use issues. Staff members utilise the Case Management Plan to record this information.

* **Client treatment plan and review**

The Client Treatment Plan and Review form details the activities, treatment, services, reviews and other interventions planned for and with the client within **[insert organisation name]**. Reviews occur every **[insert frequency]** or when **[insert other reason for review].**

All clients have a clearly documented Client Treatment Plan and Review to ensure continuity of care for clients, particularly where more than one staff member is responsible for their care. For more information on care plans, refer to Section 8 in this Policy.

* **Commitment to treatment**

When a client expresses suicidal ideation, commitment to treatment is agreed with the client on the Commitment to Treatment Form in order to encourage participation in the therapeutic process and all that it entails.

* **Client safety plans**

Safety plans are developed following the implementation of a suicide assessment and screening process and when there needs to be a crisis response or contingency strategy, staff members develop a Client Safety Plan.

For more information on client safety plans, refer to Section 10 of this policy

* **Substance Use in Treatment Agreement**

The treatment contract is designed to safeguard clients and staff in the organisation from the use or possession of substances on premises. For more information on this contract, see the Managing substances on premises section in the Service and Program Operations Policy.

## SECTION 9: CLIENT INTERVENTION

This section provides guidance for staff on broad concepts under which the organisation provides treatment and health services and programs.

For more information on client administrative processes, such as file management and medication, refer to the Service and Program Operations Policy.

### 9.1 Environmental setting of intervention

**[Insert organisation name]** ensures the environment in which interventions take place is safe and conducive to establishing and maintaining a therapeutic relationship with clients and/or their family. See the Communications Policy for information on the Organisation Communications Audit which highlights environmental communication strategies.

**🖌Note\***

Specific approaches to environment settings are in line with family-inclusive and trauma-informed approaches, and could include:

* Ensuring appropriate space for children
* Asking if client is comfortable in the setting (e.g. they may prefer to have the door open)
* Considering the impact of the gender of the clinician on the client.

\*Please delete note before finalising this policy

### 9.2 Integration of service provision

**[Insert organisation name]** ensures the provision of integrated services by developing and implementing policies and procedures that encourage and promote effective collaborative partnerships with professionals in primary care, community services, mental health, housing, criminal justice, education and related fields are developed and maintained to meet the complex needs of clients.

### 9.3 Client treatment plan and review

The Client Treatment Plan and Review form details the activities, treatment, services, reviews and other interventions planned for and with the client. Reviews occur every **[insert frequency]** or when **[insert other reason for review].**

#### 9.3.1 Client treatment goals

Client treatment goals are developed in partnership with the client and are client-driven statements. These goals are flexible, clear and understood by both parties; they are at all times stated in positive, realistic and achievable terms to support the client’s progress through treatment.

Staff members are encouraged to suggest to clients some examples of goals to guide their treatment; these could include:

* **[Insert relevant goal]**
* **[Insert relevant goal].**

**🖌Note\***

Some examples of goals include:

* Reduction or cessation of drug use
* Improved physical or psychological health.

\*Please delete note before finalising this policy.

#### 9.3.2 Treatment matching

When connecting and/or providing the client with the most appropriate treatment for their current health situation, consideration is also given to what the client is seeking and requesting. **[Insert organisation name]** does not provide specific services/interventions with clients without their informed consent.

When matching client needs to appropriate treatment options, staff members are encouraged to consider:

* Type and frequency of drug and alcohol use
* Physical and psychological dependence
* Existing resources and strengths and support networks
* Mental and physical health issues
* Cognitive functioning
* Client motivation and choice
* Barriers to treatment
* Diversity.

#### 9.3.3 Stepped care

Stepped care is the practice of providing client care only to the level of need. Following a comprehensive client assessment, the service type is determined, with interventions provided that adequately support the achievement of treatment goals and outcomes.

Stepped care strongly aligns with the individualised client treatment plan and review form, ensuring clients are provided with the care and service that they as individuals need and can change and adapt to address changing need.

### 9.4 Case management

All clients of **[insert organisation name]** are provided with case management options as part of the delivery of drug and alcohol and related services.

Workers allocated with case management duties are not expected to provide all the necessary services themselves; rather, referrals, linkages and shared case management with other service providers is undertaken on behalf of clients.

**[Insert organisation name]** acts as the primary case manager for clients, where one has not already been identified (e.g. the referral agency) and is responsible for coordinating the identification of other service providers and supporting the client to connect with them only as part of the following programs:

* **[Insert service/program]**
* **[Insert service/program].**

The organisation co-ordinates and collects case management information with the Case Management Plan Template. When clients are exited from **[insert organisation name],** whether through program completion or otherwise, other services that the client is connected to are informed of the cessation of the intervention.

### 9.5 Harm minimisation

**[Insert organisation name]** incorporates harm minimisation strategies into services and programs through:

* **[Insert specific activities and services]**
* **[Insert specific activities and services].**

**🖌Note\***

Specific harm minimisation activities or services could include:

* Information on harmful drug use
* Details of NSP locations
* Provision of ‘split kits’
* Safer using practice education
* Controlled drinking program.

\*Please delete note before finalising this policy

### 9.6 Continuing care

Continuing care, or aftercare, is provided at the conclusion of the initial or acute treatment intervention with the aim of supporting the client to continue their lifestyle changes, maintain health, cope with stressors, manage crises, and prevent relapses. However, preparation should take place throughout the duration of the program.

Continuing care may be provided by the organisation that provided the initial or acute treatment intervention, either by another service provider and/or self-help groups.

**[Insert organisation name]** provides the following activities to ensure continuing care of clients:

* **[Insert details of continuing care provided by the organisation]**
* **[Insert details of continuing care provided by the organisation].**

If for any reasons the continuing care activities provided do not meet the client’s needs, the organisation refers clients to appropriate services that can better accommodate their needs.

### 9.7 Peer support work

**[Insert organisation name]** recognises the high value of having peer support workers. Peer workers are given comprehensive orientation, training and support and adhere to all organisational policies.

Peer support workers are clear of their professional boundaries and are aware that their role is to be helpers, advocates, a friendly/empathic ear and a role model who shares their lived experience with clients. They are not counsellors, friends or advice-givers. It is, however, acknowledged that for some peer support workers there may at times be difficulty separating personal and professional boundaries, due to the nature of the work. If a peer support worker has difficulty separating personal and professional connections, they receive support, assistance and supervision to clarify their professional boundaries and learn how these can be maintained.

### 9.8 Standard referral process

When necessary, referral of clients to other health and welfare services occurs. Staff at **[insert organisation name]** proactively assist the client to co-ordinate and negotiate service delivery to ensure continuity across service sectors. For more information on referral, see Section 6 of this Policy.

### 9.9 Case notes

The implementation ofcase notes procedures is an essential component of **[insert organisation name]** practice to ensure the quality of the organisation case notes records and reviews. These procedures are in line with current legislation and aim to improve client outcomes together with clinical practices.

The organisation ensures that staff are appropriately trained and supported to implement and maintain quality case notes processes.

Case notes are implemented to:

* Record therapeutic processes
* Establish a tangible record of client contact, interactions and experiences over time
* Record the client’s progress in reaching their treatment goals
* Provide a basis for client treatment plan and review form and continuity of care
* Provide a way of communicating with other professionals about clients
* Promote reflective practice in terms of reviewing and adjusting treatment strategies over the course of treatment
* Provide accountability to clients, organisations and the legal system, should the case notes be subpoenaed
* Assist with clinical supervision and training purposes
* Be used as a memory refresher.

#### 9.9.1 Case notes records

**[Insert organisation name]** collect chronological written/electronic records of all interactions with clients in order to inform therapeutic processes. Case note documents are generally brief, objective, non-judgmental and are an accurate description of the nature and content of the interaction, and actions taken as a result of the interaction.

At **[insert organisation name]** case notes are recorded on the case notes template and attached to the client treatment plan and review form on the client file. Client files are located **[insert location of client files]**. Only authorised staff members have access to client files. For more information on client file management, refer to the Service and Program Operations Policy.

Staff members are to record case notes following an interaction with a client within **[specify amount of time]** hours. It is preferred that case notes are completed immediately after an interaction with a client but if this is not possible, they are completed within a week of client contact, so that all relevant information is clearly recalled and included.

When writing cases notes, **[insert organisation name]** staff members must:

* Record the client’s full name at the top of every page
* Record the date and time of contact, length of session, session number and type of interaction
* Record the name and job title of the staff member completing the notes (and if handwritten, the worker’s signature)
* Save the records in a chronological order
* Write notes that are brief, clear and easy-to-read
* Write in black or blue pen that cannot be easily smudged or erased
* If unsure about the accuracy of something the client has said, state, “The client reported that…”
* Record professional observations and assessments free of unfounded personal opinions or judgements
* Ensure that all opinions are supported by evidence
* Focus on the client’s purpose and goals and the interventions used to achieve these
* Check for spelling, grammar, sentence structure and punctuation
* Never delete or black out mistakes
* Ensure that all mistakes have a line drawn through them and are initialed and dated
* Avoid leaving spaces between entries or within case notes, as these can be interpreted as being unfinished
* Write case notes using the highest standards, in the event that they are requested/subpoenaed by the legal system.

#### 9.9.2 Case Notes Audit

Case note audits are conducted to ensure the organisation is meeting its legal, clinical and professional obligations in relation to case notes. Case note Audits may be carried out simultaneously to Client File Audits. Refer to the Service and Program Operations Policy for more information on Client File Audits.

The case notes audit processes also ensure that:

* Staff professional development needs are identified
* Staff members can review or complete their own case notes
* Managers have sufficient data to support organisational changes.

**[Insert organisation name]** case notes audit stages and processes include:

|  |  |
| --- | --- |
| **Stage** |  **Detail**  |
| **Planning** | Clinical staff members are to develop and implement a Case Notes Audit Schedule which includes the following information:* Date and times of audits
* Purpose of audits
* Staff member responsible and supervisor
* Files to be audited.
 |
| **Implementation** | An allocated staff member completes the Case Notes Audit Tool and assesses each record, the tool will collect information about the case notes based on:* Identification
* Timely and ordered
* Clear, concise and legible
* Accurate and objective
* Relevancy
* Content
* Wording.
 |
| **Evaluation** | Once the Case Notes Audit Tool has been implemented, **[insert organisation name]** staff members assess the results on the Case Notes Audit Evaluation Form, identify any gaps and follow-up actions. |
| **Planning and review** | Follow-up actions and review assigned responsibilities on the evaluation report. All actions are reviewed by direct supervisors or managers.  |

#### 9.9.3 Case notes legal compliance

**[Insert organisation name]** understand and comply with the laws governing personal health information management involved in recording case notes, including their collection, use and disclosure, access and correction, quality, security and retention.

**🖌Note\***

For more information on the legal framework for case notes in NSW, refer to the resource “Take Note! A practical guide to writing case notes – The complete reference guide for alcohol and drug clinicians and managers” by Jacqui Cameron (Fitzroy, Vic: Turning Point Alcohol & Drug Centre, 2012).

\*Please delete note before finalising this policy.

For information on the protection of client privacy and confidentiality during the collection, use and storage of client case notes, refer to the Communications Policy.

## SECTION 10: SUICIDE AND SELF-HARM PREVENTION

This section provides guidance for **[insert organisation name]** in responding to client observation, allegation and disclosures indicating potential self-harm and/or suicide risk.

**[Insert organisation name]** is committed to good practice in the prevention of suicide and self-harm through the development, implementation and review of procedures based on current evidence.

### 10.1 Suicide and self-harm prevention principles

* All indications of suicide, suicidal behaviour and self-harming are taken seriously and acted upon in a timely and professional manner.
* All workers receive training and supervision appropriate to their role in responding to clients at risk of self-harm and suicide.
* When responding to issues relating to suicide and self-harming behaviour, the physical and emotional safety of the client, their family and workers are considered at all times.
* All staff members have a role in detecting acute suicide risk, identifying background risk factors and ensuring appropriate assessments and interventions are undertaken.
* Where appropriate, the service liaises with and shares information with other professionals to respond to client suicidality and self-harming behaviour.

### 10.2 Suicide warning signs

All staff are aware of the different warning signs for suicide, as they indicate an elevated risk for potential suicidal behaviour.

**Direct Signs[[1]](#footnote-1):**

* Suicidal communication: Someone threatening to hurt or kill themselves or talking of wanting to do so. This could include ominous utterances, such as speaking of going away, or of others being better off without them.
* Seeking access to a method: Someone looking for ways to kill themselves by seeking access to pills, rope or other means.
* Making preparations: Someone talking or writing about death, dying, or suicide, when these actions are out of the ordinary for the person.

**Indirect signs**:

Indirect signs are related to significant recent life events which may include:

* Break up with a partner/relationship/significant relationship problems
* Experience(s) of trauma
* Impending legal event or child custody issues
* Past history of suicide attempt/family history of suicide or suicide attempt/recent suicide of friend
* Loss of loved one.

**🖌Note\***

Other indirect signs could include:

* Financial crisis, job loss or other major employment setback
* Withdrawal or intoxication
* Chronic pain/illness
* Recent discharge from treatment service
* Relapse.

Also, some organisations use mnemonics to identify indirect signs. For example, “**IS PATH WARM**?”

**I** = Ideation

**S** = Substance abuse

**P** = Purposelessness (loss of purpose/reason for living)

**A** = Anxiety (worry, agitation, sleep disturbance)

**T** = Trapped (feeling of being unable to escape situation)

**H** = Hopelessness

**W** = Withdrawal (from others)

**A** = Anger (rage, aggression)

**R** = Recklessness

**M** = Mood changes

\*Please delete note before finalising this policy

### 10.3 Confidentiality and duty of care

**[Insert organisation name]** has a duty of care to do everything reasonably practicable to prevent client’s self-harm, suicide attempts or suicide. Staff have a duty of care to clients and take appropriate steps to ensure clients do not come to foreseeable harm by the action or inaction of staff.

Staff members understand that confidentiality is not absolute and must be balanced against duty of care where harm to the client or others is suspected. The organisation has a legal and professional responsibility to disclose information, where not reporting might otherwise cause harm to a client or another person.

Clients are clearly informed about the limits of confidentiality in documentation provided to them at intake.

Disclosure of confidential information remains nevertheless restricted to only those services or external clinicians directly assisting the client – with any information disclosed restricted only to that which is necessary for services to be rendered. Clients are informed of any disclosure of confidential information.

Where immediate danger to a child or young person is evident, the police and/or the Child Protection Helpline (phone **132 111**) is contacted immediately. For more details, refer to the Child Protection Reporting section of this policy and the Service and Program Operations Policy.

### 10.4 Suicide Prevention assessment and screening

All clients are assessed for suicidal behaviour and those presenting with suicidal behaviour are assessed to determine the level and immediacy of suicide and/or self-harm risk.

Assessment is not a one-off event and occurs throughout treatment. Staff understand that discussing suicide with clients is vital and will not increase the risk of suicidal behaviour. Rather, sensitive questioning by a member of staff can often be a relief for clients who have been harbouring thoughts of self-harm, and an opportunity for them to receive the help and support required.

Objective and subjective evidence is used to determine a client’s risk of suicide and/or self-harm. A comprehensive assessment draws on all available information, including: interviews with the client; observation; medical, psychiatric and personal history; feedback from other staff; and information from family and carers.

Intoxication can prevent a valid immediate assessment; however, the presence of suicidal thoughts in clients who are intoxicated puts the client at high risk and this is dealt with accordingly.

**[Insert organisation name]** implement the following suicide prevention procedures:

#### 10.4.1 Suicide screening tool

**[Insert name of suicide screening tool]** is an essential part of the assessment process. The tool provides a risk rating to guide staff responses. This tool should be implemented and assessed at any significant transition points within treatment (e.g., intake, review, discharge), in addition to any time where client crisis is clearly visible or suspected.

The screening tool aims to:

* Ascertain the client’s level of suicidal risk;
* Determine what intervention and management strategies are necessary; and
* Develop a safety plan to reduce risk.

#### 10.4.2 Management and intervention procedures

Following the use of **[insert name of suicide screening tool]**, staff members assess the suicide risk level and inform the intervention required.

Intervention procedures based on the risk level include:

**Low risk**

* **[Insert intervention activity]**
* **[Insert intervention activity].**

**Moderate risk**

* **[Insert intervention activity]**
* **[Insert intervention activity].**

**High risk**

* **[Insert intervention activity]**
* **[Insert intervention activity].**

**🖌Note\***

Organisations are encouraged to identify a suicide prevention screener that is appropriate for their services and client’s needs; however, a suicide risk screener template and possible interventions based on the risk level are provided as part of this policy.

\*Please delete note before finalising this policy.

#### 10.4.3 Keep safe strategies

As part of the **[insert organisation name]** intake process all clients are provided with a Keep Safe Strategies Handout which is a list of helpful strategies that they might employ when confronted with suicidal thoughts.

Staff members are instructed to:

* Inform and clearly explain that the strategies are provided to help them through difficult times that may arise during treatment or after treatment.
* Discuss these strategies with clients and encourage them to consider and add other options.
* Encourage clients to keep the list in a safe, convenient location for ease of use and provide extra copies where necessary and throughout the service.
* Encourage the use of these strategies at all times and provide clients with extra copies if necessary.

#### 10.4.4 Client safety plans

Safety plans are developed following the implementation of a suicide assessment and screening process, and when there needs to be a crisis response or contingency strategy, staff members develop a Safety Plan. Safety Plans are developed in two instances:

* **During treatment:** safety plans are developed between the staff member and client with suicidal ideation and lists a range of different tailored strategies the client can use to address suicidal thoughts, including those intervention activities identified as part of the suicide screening tool. Each plan contains specific strategies based on the client’s need and risk involved. This document is attached to the Client Treatment Plan and Review Form and saved on the client file.
* On exit **[The following is primarily for residential services although may be applicable to outpatient services. Delete if necessary]:** The Client Exit Summary Form includes a safety planning section and is used when a client exits the organisation’s service or program. This section provides support and strategies for clients following discharge, as it can be a difficult transition without the structure and support of the organisation.

#### 10.4.5 Client commitment to treatment

When a client expresses suicidal ideation, commitment to treatment is agreed with the client on the Commitment to Treatment Form in order to encourage participation in the therapeutic process and all that it entails.

The Commitment to Treatment Form may include:

* Session attendance and participation
* Goal setting
* Homework
* Medication compliance
* Implementation of a safety plan
* **[Insert other inclusion]**
* **[Insert other inclusion].**

This is a collaborative process made in consultation with the client and is reviewed every **[insert frequency]** after the date of commitment.

**🖌Note\***

Recent evidence indicates that the traditional practice of using written or verbal contracts where the client pledges not to harm themselves may not be effective and may in fact potentially cause harm. As a result, a commitment to treatment pledge from the client is suggested as an alternative. For more information on this research, refer to the Suicide Assessment Kit (SAK). Deady, M., Ross, J. & Darke, S. (2011) Sydney, National Drug and Alcohol Research Centre (NDARC).

\*Please delete note before finalising this policy

#### 10.4.6 Consultation

All suicide prevention assessments and screening processes are discussed with a colleague or senior staff member in the next **[insert timeframe, example 24 hours]** where suicidal risk has been identified as low or moderate. In the case of a high suicide risk immediate consultation occurs, or as soon as possible. All high suicide risk level cases are considered critical incidents and are managed as per the Work Health and Safety Policy.

If direct supervisors or managers are not available, staff members are to contact **[insert senior staff and/or management role and name]** on **[insert contact number and email]** to support staff members when a case review or discussion is needed.

All staff recognise the limits of their competencies and actively seek clinical supervision, or where necessary, facilitate links to further levels of care.

#### 10.4.7 Suicide prevention referral process

If risk of suicide or self-harm is assessed as being moderate or above, an immediate referral is made to a specialist mental health service for priority assessment and intervention. The client is accompanied to the mental health service and/or hospital by a staff member, or arrangements are made for the assessment to take place at **[insert organisation name]**, or other safe arrangements are made for the client to attend the specialist mental health service.

The organisation maintains a referral directory and has established referral protocols with external services as per Section 5 of this policy.

**🖌Note\***

In organisations with exclusion criteria in place for clients with self-harm and suicide risk, please ensure to add the following statement:

“The organisation is committed to ensuring that all clients whose assessment indicates a moderate or high level of suicide risk are referred and/or transferred to another service provider so that risk to the client is appropriately managed by an organisation equipped to support their needs.”

\*Please delete note before finalising this policy

### 10.5 Monitoring, discharge and re-entry

* **[For outpatient services]**

At **[insert organisation name]** clients who have been assessed as being at risk of suicide and/or self-harm but who have not attended their scheduled appointments are actively followed up by a staff member.

* **[For residential services]**

When clients complete their program or exit the organisation voluntarily or involuntarily, they and their family members and support network are provided with contact details for crisis support, re-assessment/re-entry procedures and other treatment options. Any foreseeable barriers to assessment and re-entry to the appropriate level of care are anticipated, discussed and circumvented.

When clients exit the program, staff consider issues such as whether it is appropriate to return all medications that a client arrived with, as it may be safer for the client if the amount of medication returned to them is limited to two- or three-days’ use. All decisions are agreed with the client and the staff direct supervisor or senior manager on site and are recorded on the Client Treatment Plan and Review Form and Client Exit Summary Form.

### 10.6 Professional development, supervision and support

**[Insert organisation name]** recognises that suicide risk assessment and interventions are core skills for staff with direct client contact, thus knowledge and practice are reviewed and updated regularly. All current and new staff are familiar with this policy and receive mandatory training in the recommended procedures held as required, or every **[insert time frame, e.g. 24 months].**

It is recognised that supporting clients who are at risk of suicide is challenging and emotionally draining and as a result the organisation is committed to providing supportive networks and resources for staff. Staff are encouraged to remain aware of their own emotional reactions and seek support from their supervisor and colleagues as required.

Following an emergency incident involving a client who is suicidal or self-harming, staff are offered access to immediate debriefing support.

For more information please see the Clinical Supervision Policy and Work Health and Safety Policy.

**🖌Note\***

For more information on specific practice guidelines on dealing with suicidal clients, please see the Suicide Assessment Kit (SAK) reference by Deady, Ross & Darke (2011).

\*Please delete note before finalising this policy.

### 10.7 Fatal incident

**[Insert organisation name]** recognises that a client’s suicide will impact on other clients, staff, students, volunteers, the client’s family and friends, and the wider community.

Co-ordinated responses are implemented with the aim of supporting those bereaved by suicide and preventing further suicide events. Expert advice about appropriate and safe intervention responses is provided by relevant organisations and specialist consultants.

Where appropriate, staff, students, volunteers and clients are provided with written information and resources about suicide bereavement.

#### 10.7.1 Initial actions for staff

Following the death of a client from suicide, staff members are encouraged to follow the Fatal Incident Procedures outlined in the Work Health and Safety Policy.

#### 10.7.2 Initial actions for clients

Following the death of a client from suicide, the **[insert position(s)]** provide current clients with relevant information about the death. Information is given to individuals or small groups of clients, rather than large assemblies. The emphasis is on developing understanding without condemning or glorifying the suicidal event or client.

The **[insert position(s)]** is to arrange professional group debriefing sessions for clients where relevant. Participation in these sessions is voluntary. Clients are also provided with opportunities for individual debriefing and support as required.

The organisation recognises that some staff members may not feel comfortable or have the capacity to discuss a client’s suicide with other clients. This decision is respected, and alternative sources of support are arranged for clients.

Following the death of a client from suicide, the organisation identifies clients who may be at increased risk of suicide and/or self-harm and assists them to access appropriate support.

For more information on client support after an incident, please refer to the Work Health and Safety Policy.

### 10.8. Documentation and record-keeping

All client documents and records are appropriately managed as per the Client File Management Section of the Service and Program Operations Policy.

The organisation ensures that:

* All details of risk assessment, management plans and observations are clearly documented in the appropriate forms in the client file.
* Consideration is given to the potential need for record-sharing and potential Freedom of Information claims.

Relevant sources of corroborative history and outcomes from contact with each source are documented.

* Responses to clinical interventions are noted.
* If the decision is made to manage the client in the community sector, as opposed to hospitalisation, the rationale and reasons for the decision are documented clearly.

If family, other care providers and health professionals contact a staff member in regard to a person at risk, all concerns are documented.

##

## SECTION 11: CLIENT EXIT AND RE-ENTRY

The exit and re-entry processes are designed to be fair, safe and transparent in order to protect the safety and integrity of the organisation staff, clients, programs and services.

### 11.1 Client exit

**[Insert organisation name]** adopts fair and non-discriminatory processes when a client chooses to exit or is required to leave the service. Exit processes are an integral part of the organisation’s structure and are conducted in close consultation with the client, and where appropriate, with the client’s family or support person.

The exit of a client aims to occur in a planned, informative and collaborative manner, follows due process, and upholds the rights of the client to ensure a smooth transition out of **[insert organisation name]** programs and services.

The following situations may lead to a client exiting from **[insert organisation name]** programs:

* A potential client may choose not to continue with the intake or assessment process
* The client has achieved, or is working towards achieving, the goals stated in their treatment plan
* Client treatment needs would be best met by another service
* The client notifies the organisation that they no longer need its services
* There has been no contact between the client and **[insert organisation name]** over a period of **[insert timeframe]**
* The client moves out of the organisation service area
* The client engages in behaviour which breaks the service code of conduct
* **[Insert other specific situations that may lead to client exit from your program or services]**
* **[Insert other specific situations that may lead to client exit from your program or services].**

All existing and potential clients exiting services will be provided with:

* Information about other available services
* Information about when and under which circumstances the person could reapply to access **[insert organisation name]** services or programs
* Information about the feedback and complaints processes
* **[Insert other information provided when clients exit the service or program].**

#### 11.1.1 Exit planning

Exit planning is a process used to prepare a client to transition from **[insert organisation name]** programs to independent community life.

The client and supporting staff member incorporate exit-planning strategies into the client’s treatment management plan, in order to focus on the treatment goals. Aftercare and referral are means through which the client may transition from **[insert organisation name]** programs with other supports in place.

In addition, and in consultation with the client, the Client Exit Summary Form outlines a comprehensive plan for clients exiting **[insert organisation name]** programs. The document includes:

* Client details
* Reason for intake and exit
* Summary of services provided, progress and treatment
* Medication at exit
* Health issues
* Suicide risk screener implementation and suicide risk formulation plan
* Personal situation
* Legal issues
* Referral information (if required)
* Support network
* Follow-up arrangements
* Organisational information on exit.

On exit, all clients must receive information on:

* How to re-enter programs
* How to provide feedback or make a complaint when exiting services
* Other service providers.

For more information about feedback and complaints refer to the Feedback and Complaints Section of the Communications Policy.

#### 11.1.2 Completion of the program

Clients who successfully complete the organisation programs will be celebrated/acknowledged by receiving a certificate of achievement on **[insert occasion, e.g. graduation ceremony, family re-entry day, entry into transition program, etc.]** on the **[insert allocated timeframe, e.g. last day of the program].**

Clients completing the program will receive continuing care (follow-up) for **[insert timeframe]** by the allocated staff member. **[Insert additional details on continuing care, for example, phone follow-up, groups, outreach].**

#### 11.1.3 Early exit by client choice

In the event of a client wishing to withdraw from the program/service, even though the organisation, family or other stakeholder considers that ongoing support is required, every effort will be made to persuade the client to accept some form of service, or referral to another service. However, the right of the client to choose must be upheld.

If clients choose to receive services from another organisation, efforts will be made to refer and locate a service that is better able to meet their needs.

Staff will provide appropriate information to the referral service, with the permission and consent of the client in order to ensure optimal support.

#### 11.1.4 Exit by voluntary transfer

Some clients will decide to leave the organisation, in order to obtain support at an alternative organisation.

Staff members allocated to support the client will make contact with the new service provider to:

* Make available the referral information
* Liaise with the new service provider for a **[insert timeframe]** period to facilitate a smooth transition
* Finalise the process and follow-up with the client.

#### 11.1.5 Involuntary client exit

As part of the intake process of **[insert organisation name]**, clients are informed of processes, treatment plan, rights, responsibilities, code of conduct and work health and safety procedures. Information about the development of exit strategies and reasons for automatic expulsion/involuntary exit will be provided and explained to the client when entering the program.

Involuntary client exit may be motivated by:

* **[Insert the criteria for dismissal]**
* **[Insert the criteria for dismissal].**

*🖌****Note\****

*Example actions that may lead to client dismissal could include:*

* *Failing to comply with service code conduct or onsite rules*
* *Violent reaction towards a staff member*
* *Use or dealing of prohibited substances*
* *Stealing*
* *Damage to organisation premises.*

*\*Please delete note before finalising this policy*

The decision to institute involuntary exit procedures for unacceptable behaviour must be taken to the CEO/Manager/or **[insert nominated position]** for authorisation. If agreed, staff will follow the processes outlined in the exit plan section of the treatment plan.

Appropriate referrals are made, and the client may continue to receive limited support services, within available resources, for a period determined by appropriate staff members. This provision particularly applies for clients with complex needs and clients with high risk factors for self-harming behaviour.

#### 11.1.6 Exit interview

Where possible, a client exit interview is carried out as part of the exit process using the Client Exit Summary Form, client evaluation and feedback processes. The Client Exit Summary Form guides staff members to assess and record the exit interview information.

### 11.2 Follow-up of exiting clients

**[Insert organisation name]** staff will continue to follow-up exited clients when possible. The follow-up process intent is to facilitate a smooth transition and the timeframe will depend on the client exit reasons and needs. The organisation follow-up process is clearly documented, communicated to clients on exit and facilitated by **[insert staff position].**

After the established follow-up timeframe, if the client wishes to re-enter the organisation, a new intake application will need to be completed. For more information about re-entry, refer to Section 11.5.

### 11.3 Notifying relevant people about client exit

The responsible staff member ensures that the relevant service providers (including referral source) and support networks are informed that the client has exited from the organisation.

### 11.4 Storing documents

**[Insert position title/s]** ensures all relevant documentation is complete and filed in the client file. A Client Exit Summary Form is the final document completed to signify closure of the file.

The client file is retained, secured and stored for **[insert timeframe]** in accordance with the Client File Management Section of the Service and Program Operations Policy.

### 11.5 Client re-entry

Some clients who leave the organisation may need to re-enter at some future stage. The process for re-entry to the organisation will be made as simple and as streamlined as possible. **[Insert organisation name]** ensures that a fair and non-discriminatory process is adopted when a past and potential client chooses to, or is required to, re-enter the service.

Clients will follow intake, assessment, referral and waiting list processes in order to re-enter services. Re-entry strategies include:

* Review previous files/records on re-entry – clients will not have to tell their history/story again if re-entry is within **[insert relevant timeframe]**
* Make contact with any other organisations or stakeholders involved to identify the triggers for re-entry (item subject to client consent)
* Review the previous treatment plan to identify what strategies worked and those that didn’t work
* Where possible and appropriate, the same worker will be allocated to the client.

#### 11.5.1 Re-entry timeframe

If a past and potential client wishes to re-enter the organisation service or programs, the timeframe to assess their re-entry processes will be linked to their reason to exit.

The timeframe to re-enter services include:

* **When a client completes the program**

Clients who successfully complete the organisation programs are reserved the right to return to the organisation for a period of **[insert timeframe]** after formally exiting from the service. Following this timeframe, the client file is closed, and a new intake and assessment will need to be undertaken.

* **When a client exits by own choice**

For a period of **[insert timeframe]** after formally exiting from the service, the client reserves the right to return to the organisation, without having to go through a full assessment process. Following this timeframe, the client file is closed, and a new intake and assessment will need to be undertaken if the client requires to access the service at some point in the future.

* **When a client exits by voluntary transfer to another agency**

Staff members will continue to follow-up with the client and liaise with the new service provider for a **[insert timeframe]** period to facilitate a smooth transition. After this timeframe, if the client wishes to re-enter the organisation, a new intake application will need to be completed.

* **Involuntary client exit**

For a period of **[insert timeframe]** after formally being discharged from the service, the client reserves the right to return to the organisation; a new intake application and assessment will need to be completed.

The decision to reintegrate a client who has been involuntary exited must be authorised by the CEO/Manager/or **[insert nominated position]** and will depend on:

* WHS issues for staff and other clients
* Severity of actions
* Needs of the client
* Other client health issues
* **[Insert other factor that may affect the re-entry of an involuntary exited client]**
* **[Insert other factor that may affect the re-entry of an involuntary exited client].**

## SECTION 12: INTERNAL REFERENCES

### 12.1 Supporting documents

Client waiting list

**Client assessment and plans**

* Client intake form
* Client assessment form
* Case management plan template
* Treatment plan and review template

**Client exit**

* Client exit summary form
* Certificate of achievement

**Case notes**

* Case notes template
* Case notes audit template
* Case notes audit schedule template
* Case notes audit evaluation template

**Suicide and self-harm prevention**

* Suicide risk screener template
* Suicide risk screener Instructions
* Client safety plan template
* Commitment to treatment template
* Client keep safe strategies handout

**Referrals**

* Referral directory template
* Referral directory user guide
* Client referral form

**Part of the Work Health and Safety Policy**

* Outreach/home visit log template
* Incident report form

### 12.2 Referenced Policies

* Work Health and Safety Policy
* Communications Policy
* Clinical Supervision Policy
* Human Resources Policy
* Service and Program Operations Policy.

## SECTION 13: EXTERNAL REFERENCES

###  Legislation

* The Health Records and Information Privacy Act 2002 (NSW)
* Children and Young Persons (Care and Protection Act 1998 (NSW)
* Ombudsman Act 1974 (NSW)
* Privacy Act 1988 (Commonwealth)
* Privacy Amendment (Enhancing Privacy Protection) Act 2012
* Public Health Act 1991 (NSW).

### 13.2 Resources

* Association of Participating Service Users (APSU) (2012). The Peer Model Manual – Consumer participation in action. Carnegie: Self Help Addiction Resource Centre (SHARC).
* Australian Injecting and Illicit Drug Users League (AIVL) (2011) Treatment Service Users Project: Phase Two Final Report. Canberra: AIVL.
* Buttery (The) (2013). Management of Suicidal Ideation and Harm. Bangalow: The Buttery.
* Cameron, J. & Murray, J. (2012). Take Note! A Practical Guide to Writing Case Notes. Fitzroy: Turning Point Alcohol and Drug Centre.
* Cameron, J., Jenner, L., and Lee, N. (2013) Hitting the Right Note: Training for Managers in Effective Case Note Writing. LeeJenn Health Consultants Training Program.
* NADA Forum (2012): "Case notes for AOD services – Getting Case notes right for court, protecting yourself, your client and your service”. “Take Note! A practical guide to writing case notes – A comparison with the NSW Jurisdiction”. NADA, Legal Aid NSW and Turning Point Alcohol and Drug Centre.
* Center for Substance Abuse Treatment (CSAT) (1998). Comprehensive Case Management for Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series, Number 27. Rockville, MD: Substance Abuse and Mental Health Services Administration.
* Center for Substance Abuse Treatment (CSAT) (2004). Substance Abuse Treatment and Family Therapy. Treatment Improvement Protocol (TIP) Series, Number 39. Rockville, MD: Substance Abuse and Mental Health Services Administration.
* Dawe, S., Loxton, N.J., Hides, L., Kavanagh, D.J., & Mattick, R.P. (2002). Review of Diagnostic Screening Instruments for Alcohol and Other Drug Use and Other Psychiatric Disorders. Canberra: Commonwealth Department of Health and Aged Care.
* Deady, M. (2009). A Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings. Sydney, Network of Alcohol and Other Drug Agencies (NADA).
* Deady, M., Ross, J. & Darke, S. (2011). Suicide Assessment Kit (SAK). Sydney: National Drug and Alcohol Research Centre (NDARC).
* De Leon, G., (2000). The Therapeutic Community: Theory, model and method. New York: Springer Publishing Company.
* Haber, P., Lintzeris, N., Proude, E. & Lopatko, O. (2009). Guidelines for the Treatment of Alcohol Problems. Canberra: Australian Government Department of Health and Ageing.
* Heather, N. & Rollnick, S. (1993). Readiness to Change Questionnaire: User’s Manual (revised version). NDARC Technical Report No. 19. Sydney: NDARC.
* Lee, N., Hocking, S., Smith, H. & Richards, J. (2003). Clinical Treatment Guidelines for Alcohol and Drug Clinicians No. 10. Managing Difficult and Complex Behaviours. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre, Inc.
* Marsh, A., O’Toole, S., Dale, A., Willis, L. & Helfgott, S. (2013). Counselling Guidelines: Alcohol and Other Drug Issues (3rd edition). Mount Lawley: Western Australian Alcohol and Drug Authority.
* Mental Health Coordinating Council (2008). Mental Health Recovery – Philosophy into Practice. A workforce development guide. Sydney: MHCC.
* Mills, K. Deady, M. Proudfoot, H. Sannibale, C. Teesson, M. Mattick, R. & Burns, L. (2009) Guidelines on the Management of Co-occurring Mental Health Conditions in Alcohol and other Drug (AOD) Treatment Settings, Sydney: NDARC.
* Minkoff, K. (2001) Behavioural Health Recovery Management Service Planning Guidelines Co-occurring Psychiatric and Substance Use Disorders. Illinois Department of Human Services’ Office of Alcoholism and Substance Abuse.
* NSW Health (2004). Framework for Suicide Risk Assessment and Management for NSW Health Staff. North Sydney: NSW Health.
* NSW Health (2005). Medication Handling in Community Based Health Services/Residential Facilities in NSW Guidelines. North Sydney: NSW Health.
* NSW Health (2005). A Guide to Consumer Participation in NSW Drug and Alcohol Services. North Sydney: NSW Health.
* NSW Health (2006) Drug and Alcohol Clinical Supervision Guidelines. North Sydney: NSW Health.
* NSW Health, (2007), Drug and Alcohol Treatment Guidelines for Residential Rehabilitation Settings, North Sydney: NSW Health.
* NSW Health (2007). Mental Health Reference Resource for Drug and Alcohol Workers. North Sydney: NSW Health.
* NSW Health (2007) Clinical Guidelines for Nursing and Midwifery Practice in NSW: Identifying and responding to drug and alcohol issues. North Sydney: NSW Health.
* NSW Health (2008) NSW Health Drug and Alcohol Psychosocial Interventions: Professional Practice Guidelines. North Sydney: NSW Health.
* NSW Department of Health. (2009) NSW Clinical guidelines for the care of persons with Comorbid Mental Illness and Substance Use Disorders in Acute Care Settings. North Sydney: NSW Health.
* NSW User’s and AIDS Association (NUAA) (no date). Peer Education and Evaluation Framework: Understanding NUAA’s approach to peer education with people who inject drugs in NSW. Darlinghurst: NUAA.
* Patterson, J., & Clapp, C. (2004). Clinical Treatment Guidelines for Alcohol and Drug Clinicians. No 11: Working with Families. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre Inc.
* Queensland Health (2008). Queensland Health Policy: Service Delivery for people with dual diagnosis (co-occurring mental health and alcohol and other drug issues). Brisbane: Queensland Health.
* Stirling, R. (2009). Tools for Change: A new way of working with families and carers. Sydney: Network of Alcohol and other Drugs Agencies (NADA).
* Substance Abuse and Mental Health Services Administration (US); 2009, Treatment Improvement Protocol (TIP) Series, No. 50. Center for Substance Abuse Treatment.
* Treatment Protocol Project (2004). Management of Mental Disorders (4th ed). Sydney: World Health Organisation, Collaborating Centre for Evidence in Mental Health Policy.
* Young, J (1998). The Get Together FaST Participant Workbook. Melbourne: The Bouverie Centre, La Trobe University.

### 13.3 Websites

* Australian Injecting and Illicit Drug Users League (AIVL)

 www.aivl.org.au/

* National Centre for Education and Training on Addiction (NCETA)

 www.nceta.flinders.edu.au

* National Drug and Alcohol Research Centre (NDARC)

 www.ndarc.med.unsw.edu.au

* National Drug Research Institute (NDRI)

 www.ndri.curtin.edu.au

* National Drugs Sector Information Service (NDSIS) – www.ndsis.adca.org.au
* Network of Alcohol and other Drug Agencies (NADA)

 www.nada.org.au/

* NSW Users and Aids Association (NUAA)

 www.nuaa.org.au

* AASW, Ethical guideline – case notes accessed 3 October 2013

 www.aasw.asn.au/document/item/2356

1. Substance Abuse and Mental Health Services Administration (US); 2009, Treatment Improvement Protocol (TIP) Series, No. 50. Center for Substance Abuse Treatment. (Accessed www.ncbi.nlm.nih.gov/books/NBK64025/ on 30 July 2019). [↑](#footnote-ref-1)