Introduction

The *Residential Care Practice Manual* outlines practice requirements and procedures specific to Department for Child Protection and Family Support Residential Group Homes.

The *Residential Care Practice Manual* is the primary reference for residential care workers, but it does not stand alone. It must be used in conjunction with the Administration Manual, Casework Practice Manual, Funding and Purchasing Community Services Manual and any other existing manuals, frameworks and policies within the department.

The scope of the work undertaken in Residential Care and the great variety of matters that residential care workers deal with on a day to day basis is such that the practice standards, guides and directions in the *Residential Care Practice Manual* cannot take into account all eventualities or circumstances.

Therefore, residential care workers must rely on their professional knowledge and skills to identify when it may be necessary to deviate from the practice standards, policy or procedures outlined in the Manual. In such circumstances care workers must consult with their manager before deviating from the practice standards. These decisions must also be fully documented, including the reasons and rationale for the decision made.

Practice requirements, as they are applied in the Manual, are minimum expectations. They are the agreed, measurable and essential standards of residential care.

Residential care workers are encouraged to actively critique the contents of the Manual to make sure that it accurately reflects current practice needs and priorities. Residential care senior practice development officers are responsible for reviewing and updating the Manual and should be contacted if staff have any queries or comments.

**Consistency promotes predictability, which in turn creates stability.**
TABLE OF CONTENTS

CHAPTER 1: OVERVIEW ........................................................................................................................................6
1. Residential Care (Sanctuary) Framework ................................................................................................. 6
2. Code of Conduct ......................................................................................................................................... 10
3. Confidentiality and Information Sharing ................................................................................................. 11
4. Staff Roles and Responsibilities ............................................................................................................ 14
5. Allegations of Abuse in Care .................................................................................................................. 18
6. Staff Meetings ......................................................................................................................................... 20

CHAPTER 2: STAFF RESPONSIBILITIES ..................................................................................................23
7. Staff Taking a Child to a Private Home ............................................................................................... 23
8. Staff Handover ....................................................................................................................................... 24
9. Staff Supervision ................................................................................................................................... 25
10. Community Consultation and Engagement .................................................................................... 34
11. Complaints Management ................................................................................................................... 36
12. Records and Documentation ............................................................................................................... 38
13. Maintenance and Repairs .................................................................................................................... 41

CHAPTER 3: REFERRAL, ADMISSION AND TRANSITION ......................................................................46
14. Placement and Transition of a Child into and out of Department Residential Group Homes (Metro and Country) ........................................................................................................................................ 46
15. Aboriginal Children and Children from Culturally and Linguistically Diverse Backgrounds (CaLD) ........................................................................................................................................ 49

CHAPTER 4: PLANNING AND THERAPEUTIC MANAGEMENT ..............................................................53
16. Residential Care Plans .......................................................................................................................... 53
17. Trauma Profiles .................................................................................................................................... 55
18. Individual Safety Plans ......................................................................................................................... 56
19. Children’s Activity and Program Planning .......................................................................................... 59
20. Responding to Suicide and Self Harm ................................................................................................ 63
21. Responding to Psychiatric Concerns .................................................................................................... 68
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.</td>
<td>Therapeutic Crisis Intervention and Use of Physical Restraint</td>
<td>69</td>
</tr>
<tr>
<td>23.</td>
<td>Critical Incidents</td>
<td>72</td>
</tr>
<tr>
<td>24.</td>
<td>Search and Seizure</td>
<td>75</td>
</tr>
<tr>
<td>25.</td>
<td>Duress Alarms</td>
<td>79</td>
</tr>
<tr>
<td>26.</td>
<td>Emergency Management and Evacuation</td>
<td>82</td>
</tr>
<tr>
<td>27.</td>
<td>Fire Management</td>
<td>86</td>
</tr>
<tr>
<td>28.</td>
<td>Medical Emergency</td>
<td>91</td>
</tr>
<tr>
<td>29.</td>
<td>Keys</td>
<td>94</td>
</tr>
<tr>
<td>30.</td>
<td>Personal Property</td>
<td>95</td>
</tr>
<tr>
<td>31.</td>
<td>Mobile Phones, the Internet and Electronic Media - Computers, Other Devices, DVDs and Music</td>
<td>97</td>
</tr>
<tr>
<td>32.</td>
<td>House-Keeping</td>
<td>102</td>
</tr>
<tr>
<td>33.</td>
<td>Meals</td>
<td>104</td>
</tr>
<tr>
<td>34.</td>
<td>Health and Medication</td>
<td>105</td>
</tr>
<tr>
<td>35.</td>
<td>Bed Checks</td>
<td>108</td>
</tr>
<tr>
<td>37.</td>
<td>Physical Contact</td>
<td>109</td>
</tr>
<tr>
<td>38.</td>
<td>Drugs and Alcohol</td>
<td>111</td>
</tr>
<tr>
<td>39.</td>
<td>Bullying</td>
<td>113</td>
</tr>
<tr>
<td>40.</td>
<td>Contact with the Police or Justice System</td>
<td>116</td>
</tr>
<tr>
<td>41.</td>
<td>Absent Without Permission (Absconding)</td>
<td>119</td>
</tr>
<tr>
<td>42.</td>
<td>Leaving a Residential Home Unattended</td>
<td>122</td>
</tr>
<tr>
<td>43.</td>
<td>Transporting Children and Young People</td>
<td>123</td>
</tr>
<tr>
<td>44.</td>
<td>Water Safety</td>
<td>125</td>
</tr>
<tr>
<td>45.</td>
<td>Contact with Animals</td>
<td>127</td>
</tr>
<tr>
<td>46.</td>
<td>Smoking</td>
<td>129</td>
</tr>
<tr>
<td>47.</td>
<td>Visitors</td>
<td>131</td>
</tr>
</tbody>
</table>
Department for Child Protection and Family Support

Residential Care (Sanctuary) Framework
CHAPTER 1: OVERVIEW

1. Residential Care (Sanctuary) Framework

The Residential Care Sanctuary Framework describes the overarching model and core elements of how the Department for Child Protection and Family Support (the Department) residential facilities operate. The Framework is largely based on the principles of the Sanctuary Model developed by Sandra Bloom and a study into residential care conducted by James Anglin (2004). It introduces a coherent therapeutic approach to care and more importantly is a model for organisational change within the facilities.

The Department carried out a major expansion and reform of residential care across the State. Concurrently with introducing the Sanctuary model of therapeutic care the Department transformed its residential services of larger hostels into smaller services (four bedroom homes) located throughout the metropolitan area and major country regions, although the country homes have a larger capacity of six to eight beds. It has also established additional residential services (Family Group Homes) in partnership with the non-government sector state wide.

In addition a Secure Care facility for up to six children aged 12 to 16 years has been established. This Centre provides for stays of up to twenty one days with the option of one extension. The objective of the service is to provide a safe place for children who are at serious risk to themselves and others. It acts as a circuit breaker, stabilising their behaviour and providing the opportunity to identify and engage with the services and supports they require.

The Context
Children who have been the victims of neglect and/or abuse are traumatised. Many child protection interventions that seek to protect and support children such as appearance in court, removal from home and placement with strangers may actually increase a child’s trauma.

Children who have been neglected and/or abused may not be functioning at their chronological age in terms of their physical, social, emotional or cognitive skills. It is therefore critical that care givers are aware of the effects of maltreatment on these children and that residential and secure care staff are able to respond in considered and informed practice rather than react to the children’s behaviours.

Healing from Trauma
- In a therapeutic situation, it is essential that children and the care workers understand what they want to achieve, so that their goals and strategies for achieving those goals are aligned.
• For individuals (and for systems), this requires a rigorous process of self-examination and the development of a core system of understanding, that will guide behaviour, decision making, problem solving and conflict resolution.

• When recovering from trauma individuals need to learn how to listen and to talk.

• It will be through participation and regularity of work groups, teams and meetings that routine emotional management occurs within our organisation.

• This will mean us all ‘walking the talk’, embedding conflict resolution strategies at every level, and not turning them over to other areas or individuals.

The Plan and Way Forward
Our aim is to continue to grow and develop an organisation that has seven dominant characteristics as its culture, all of which serve as goals directly related to resolving trauma.

1. Culture of non-violence.
   *The building of safety skills.*

2. Culture of Emotional Intelligence.
   *Helping to teach affect management skills.*

3. Culture of Inquiry and Social learning.
   *The building of cognitive skills.*

4. Culture of democracy.
   *Helping to develop skills of self control, self discipline and an administration of healthy authority.*

5. Culture of Open Communication.
   *Helping to overcome barriers to healthy communication, reduce acting out, improve self-protection and self-correcting skills, teaching healthy boundaries.*

   *To rebuild social connections, establish healthy attachment relationships.*

7. Culture of Growth and Change.
   *To restore hope, meaning, purpose and empower positive change.*


Residential care staff should be encouraged to attend regular staff meetings and engage in ongoing reflective practice. This should include safety planning and collaboration with children in the development of self-care plans.

System Evaluation Framework
The S E L F Framework is a trauma informed tool that helps staff and children move through four critical stages of recovery.

**S**afety   **A**ttaining safety for oneself, others and environment

**E**motional   **L**ooking at personal experiences and impact management
Loss  Feeling grief and dealing with personal loss
Future  Trying out new roles, ways of relating to ensure personal safety and help to others


The Organisational Process in the Residential Community
To effect change the following needs to occur:
- Leadership commitment
- Adopting an evaluation framework
- Creating shared assumptions, beliefs and values
- Having more democratic processes
- Working as a team and collaboratively
- Understanding trauma and its impact
- Holding care community meetings
- Developing safety plans and individual contracts
- Undertaking staff learning and development
- Client participation
- Evaluation

Staff Therapeutic Behaviours with the Children
Some of the key behaviours that staff can employ with children that will make a difference to their sense of safety, healing and day to day behaviour include the following:

- Listening and responding with respect to children helps them to develop a sense of dignity, a sense of being valued as people and a sense of self-worth.

- Communicating a framework for understanding with children helps them to develop a sense of meaning and a sense of the rationality within daily life.

- Building rapport and relationships with children helps them to develop a sense of belonging and connectedness with others.

- Establishing structure, routine, and expectations with children assists them to develop a sense of order and predictability in the world, as well as a sense of trust in the reliability of others.

- Inspiring commitment in children encourages them to develop a sense of value, loyalty, and continuity.

- Offering children emotional and developmental support helps them to develop a sense of caring and mastery.
- Challenging the thinking and actions of children helps them to develop a sense of potential and capability.

- Sharing power and decision-making with children encourages them to develop a sense of personal power and discernment.

- Respecting the personal space and time of children helps them to develop a sense of independence.

- Discovering and uncovering the potential of children helps them to develop a sense of hope and opportunity.

- Providing resources to children helps them to develop a sense of gratitude and generosity.

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

These staff behaviours can be mapped against the dimensions of the System Evaluation Framework – Safety, Emotional, Loss, and Future – to identify where efforts can be directed with particular children. This is set out in Attachment A.

**How to Monitor Success**

Measurable and observable indicators of success should include:

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

2. Code of Conduct

Purpose

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

Departmental Frameworks

Service 1 – Residential Care (Sanctuary) Framework 2012

Standards

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

Practice Requirements

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

Related Resources

Department for Child Protection and Family Support Code of Conduct
Administration Manual 2.1.01: Code_of_Conduct.aspx
Public Sector Code of Ethics

Procedures

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

The Code of Conduct has seven key areas:

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

Purpose

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

Departmental Frameworks

Service 1 – Residential Care (Sanctuary) Framework 2012

Standards

Better Care, Better Services – Standards for Children and Young People in Protection and Care

Practice Requirements

- Under s.237 of the Act, residential care workers must not, except with written authorisation from the Director General, publish information or material that identifies, or is likely to lead to the identification of a person who is, or was as a child:
  - the subject of an investigation referred to in s.32(1)(d)
  - the subject of a protection application or a protection order under the Children and Community Services Act 2004 (or previous legislation)
  - the subject of a responsible parenting order, or
  - the responsible person under a responsible parenting order.
- Residential care workers must refer all requests for information to the manager, the district or the Crisis Care Unit (after hours).
- All files must be kept in a secure place when not in use. Locked cabinets must be used to store all personal documents and items to safeguard the privacy and security of confidential information.
- The manager is responsible for disposal of confidential information securely.
- When responding to phone queries, residential care workers must verify who they are speaking to. If there is any doubt, refer the matter to the district, the home’s manager or the Crisis Care Unit after hours.
- Residential care workers must not discuss personal details about a child in care without their permission, or in the hearing of another child. Conversations about children on the phone or in the home must always be discreet and not in the public domain. Residential care workers must be mindful that the sound of voices can carry within a home.
- Refer to Casework Practice Manual Chapter 1: Mutual Information Exchange and Working with Agencies.
- Group homes must not create their own Facebook page without adhering to the Social Media in Casework Practice Policy.
Related Resources
Children and Community Services Act 2004 – Part 10 Confidentiality provisions
Children and Community Services Act 2004 – Section 237 Restriction on publication of certain information or material
Social Media in Casework Practice Policy
Photograph Permission Form
Casework Practice Manual Chapter 1: Mutual Information Exchange and Working with Agencies
Casework Practice Manual Chapter 7: Identification of children
Administration Manual: 2.1.03 Confidentiality and Disclosure of Official Information

Procedures

Introduction

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

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

Confidentiality may not be guaranteed in cases where:

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

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

Photographs

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

- A child must give permission to have their photo taken.
- Photos must not contain an identifiable background or signage (for example, a government vehicle or premises).
- Children in care should not be excluded from beneficial social experiences associated with photographs, video recording and other published media such as school photographs and sports club articles.
• In the instance where a residential care worker only has their personal mobile available, at the first possible opportunity they should download the photos a Department computer and permanently remove them from the personal mobile. A copy should be sent to the district and a copy given to the child.

• Consideration should be given to what is in the child’s best interests, and to any adverse consequences that may result through the publication of a photograph (for example, safety concerns for the child should their whereabouts become known). Consultation should occur with the manager before publication is allowed, if there is a concern.

• If a Residential Care worker becomes aware of any published information that identifies a child as being a child in care, inadvertently or otherwise, they must report this incident to their manager immediately.

For more information refer to Casework Practice Manual Chapter 7: Identification of children

Privacy and Social Networking

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

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

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

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

Purpose

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Procedures

Introduction

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

While different levels of responsibility exist in line management roles, a successful residential care team focuses on children’s’ needs; communicates openly and democratically; exhibits emotional intelligence; undergoes specific targeted planning; works closely together; and supports each other to best meet the needs of the children in their care.
The care team in a metropolitan residential group home includes the psychologist and education officer. Country residential group home staff access district offices for education officer and psychologist services to the children in their care, and have additional access to country psychologists. These district staff and country psychologists have a key role in the home’s care team.

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

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

**Staff Roles**

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

- develop positive partnerships with district offices, external agencies and other stakeholders (including neighbours) to make sure that planning within the home promotes predictability for the children;
- contribute to the broader planning and management processes of residential care services and the Department. They contribute to the development and implementation of policy and program frameworks and manage local projects;
- report to the Director, Residential Care on the day to day issues of their home and the ongoing development and implementation of therapeutic care and Sanctuary model in the residential group homes.

- Country managers also report to their line manager in the district offices, either the assistant district director or the district director. Managers also act as change agents encouraging Residential care workers social responsibility, open communication and social learning.

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

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

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

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

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

When required, Senior residential care worker work directly with managers in planning and directing the operations of the home, ensuring compliance with legislation, Department policies and practices, management instructions and making sure that planning documents are adhered to. They identify issues in the operation of the home and assist in problem solving in relation to these issues.

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

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

Residential care workers record events and critical incidents via email, *Log Book* and case notes to meet record keeping statutory requirements. They may also liaise with families where appropriate. They are also expected to attend meetings as required (for example, residential care plan meetings, child mental health planning meetings).
Each child may be allocated a residential care worker to act as their **Key Worker**. The key worker is expected to have regular discussions and get to know the child more thoroughly (their interests, likes, dislikes, goals, fears), to make sure that his or her individual needs are being addressed by the care team, and to provide additional support as needed. In addition to the care team, the key worker liaises with other residential care workers, the psychologist and the manager regarding the needs of the child. They are also responsible for:

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

Purpose

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

Departmental Frameworks

Service 1 – Residential Care (Sanctuary) Framework 2012

Standards

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

Practice Requirements

- When residential care staff receive an allegation of abuse in care by an adult or a child, he or she must take immediate action to make sure the child and other children in the home are safe and report the allegation to the manager or Assistant Director.
- The manager or Assistant Director
  - informs the Director and/or Assistant Director, Residential Care and the child’s case manager, and
  - the residential care worker, manager, and the home’s psychologist (where possible) undertake a risk assessment of the child and other children in the placement and take appropriate protective action and update safety plans as required.
- All allegations of abuse in care (including allegations of abuse before coming into care and allegations of past abuse in care) must be recorded on the child’s Residential Placement file.
- The home’s manager decides whether a Critical Incident Report must be completed.
- Refer to the following Casework Practice Manual Chapter 7 entries for information about investigation processes:
  - Safety and Wellbeing Assessment – Safety and Wellbeing Concerns Regarding Children in the Care of the CEO, and
  - Responding to Standard of Care Concerns and Safety and Wellbeing Concerns Against Department Employees.

Related Resources

Critical Incident Report Template
Safety Plan
Administration Manual 2.1.07 Reporting and Handling Misconduct.aspx
Procedures

Allegations of current abuse while in the CEO’s care

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

Where the allegation relates to a Department employee

Where the allegation relates to a Department employee, the investigation must adhere to the Department’s procedures and guidelines for managing such allegations and/or misconduct under the Public Sector Management Act 1994. Residential care staff should refer to Administration Manual 2.1.07 Reporting and Handling Misconduct.

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

- take immediate action to make sure the child and other children in the home are safe;
- inform the home’s manager and/or Assistant Director and the child’s case manager, and
- record the allegation and relevant information on the child’s Residential Placement file.

The information should include:

- details of the alleged incident
- the date the residential care staff was advised
- the name of the person who informed the residential care staff
- how the staff member was advised, and
- the names of all persons involved.

Staff must acknowledge the child, but should not enter into further discussions about the incident – this is the case manager’s role.

Allegations of abuse prior to care

If a child in the CEO’s care makes a disclosure or allegation relating to an incident before he or she came into the CEO’s care, residential care staff, in consultation with the home’s manager, should inform the child’s case manager immediately.
6. Staff Meetings

Purpose

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

Departmental Frameworks

Service 1 – Residential Care (Sanctuary) Framework 2012

Standards

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

Practice Requirements

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

Related Resources

Handover Sheet

Procedures

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

Staff Handover

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

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

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

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

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

Weekly team meetings

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

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

Learning and Development Meetings

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

Placement meetings

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

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

Residential Care Plan meetings

All relevant residential care staff contribute to the development of each child’s Residential Care Plan and individual daily program. Residential Care Plans are developed at the placement meeting, or within 10 days of the child being placed. They are informed by the
child’s care plan, other relevant documentation, and the child’s case manager. The child should also be involved in developing his or her plan, where possible.

**Red Flag Meetings**

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

- when a member of staff or a child is hurt badly
- a child starts to run away repeatedly
- a child is experiencing severe bullying
- staff and/or child feel scared, worried or angry about something, or
- stories from staff or children make us really worried.
CHAPTER 2: STAFF RESPONSIBILITIES

7. Staff Taking a Child to a Private Home

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Purpose

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

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

Departmental Frameworks

Service 1 – Residential Care (Sanctuary) Framework 2012

Standards

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

Practice Requirements

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

Related Resources

Handover Sheet

Procedures

Overview

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

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

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

Purpose

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

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

Departmental Frameworks

Service 1 – Residential Care (Sanctuary) Framework 2012

Standards

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

Practice Requirements

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

**Related Resources**
*Casework Practice Manual Chapter 2: Supervision in Case Practice – Service Delivery*

**Procedures**

**Supervision overview**

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

**Focus areas**

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

1. **Managerial function**
   (a) Service delivery planning

   Progressing service delivery work through supervision should involve:
   - maintaining an overview of the status of all residential care work the supervisee is involved with reviewing issues and canvassing strategies in current residential care work
   - making decisions and providing direction to progress residential care work
   - collectively practising and reflecting on aspects of residential care work, and
   - reflection to improve upon and embed culturally secure and competent practice.
   - The Department’s practice frameworks including the Residential Care Practice Manual provide the main reference points for reviewing practice.

   (b) Managing workload

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

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

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

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

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

2. Development function

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

Learning and development should focus on a range of issues depending on the individual’s needs and include:
- working relationships with children and other professionals
- specific aspects of therapeutic care
- specific individual and team learning goals
- 70:20:10 learning strategies, and
- bringing it all together through reflective practice.

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

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

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

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

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

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

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

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

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

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

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

**Types of supervision**

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

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

**Individual supervision**
Individual supervision must be provided by the supervisor and includes formal scheduled supervision sessions and informal unscheduled discussions.
Individual formal supervision should be used to discuss:

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

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

The following prompt questions may assist and guide this discussion:

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

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

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

Preparing for individual supervision

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

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

Refer to *Supervision agreement template* in related resources.

**Clarify responsibilities**

Supervisors and supervisees must have the opportunity to clarify individual responsibilities within their supervisory relationship. This should include a discussion of prior supervisory experiences and their value.

The responsibilities of supervisors are, to:

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

The responsibilities of supervisees are, to:

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

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

**Agenda**
The agenda could include the following:
- matters the supervisee wishes to include
- matters arising from previous supervisory sessions
- reviewing residential work through discussions, reports and observations
- providing positive feedback and areas for development on work undertaken
- agreeing future action plans
- concerns and issues in relation to the management of work load
- discussion of the development of the supervisee’s skills, knowledge and experience
- identification of the supervisee’s development needs, and steps to address these needs
- cultural competence and/or the need for cultural supervision (for Aboriginal staff)
- time for the supervisee to reflect on their experience of, and feelings about, their work
- opportunity for the supervisee to give feedback on their experiences and expectations of supervision, and
- ongoing performance concerns and expectations.

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

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

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

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

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

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

Confidentiality

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

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

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

Dispute resolution

Staff and supervisors are expected to discuss issues proactively and openly, and resolve them within the supervisory relationship. Where issues remain unresolved, discussion and resolution should take place with a relevant senior manager. For further information staff should refer to the Department’s formal Workplace Issue and Grievance Resolution process as set out in Administration Manual Section:1.3.09.

Recording supervision

There are two types of recording:
- service delivery matters, and
- matters other than service delivery decisions and work performance and managing workload.
Service delivery matters
The supervisor’s decisions about service delivery must be recorded clearly on the case file for legal and quality assurance purposes.

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

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

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

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

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

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

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

For further information refer to *the Performance Management Tracking System User Guide* in related resources.
10. Community Consultation and Engagement

Purpose

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

Departmental Frameworks

Service 1 – Residential Care (Sanctuary) Framework 2012

Standards

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

Practice Requirements

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

Procedures

Overview

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

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

When possible, matters concerning neighbours should be dealt with locally and resolved to the satisfaction of all concerned. The Director and Assistant Directors Residential Care should be informed by email of all incidents and outcomes, and must be involved in cases where local management is not possible.
For more information refer to section 11. Complaints Management

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Complaints Management – Policy and Procedures
Resolving Your Complaint Kit
Other Complaint Avenues
Casework Practice Manual Chapter 2: Complaints Management

Procedures
A complaint is defined as a formal expression of dissatisfaction with any aspect of the Department’s operations. Complaints may be made about any service offered by the Department or any aspect of the Department’s operation. Conversely, complaints may be made about a lack of service which could reasonably be expected of the Department.
Residential care staff should follow the procedures when complaints are made by:

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

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

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

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

The three-tiered complaints process
The Department has a three-tiered complaints process (refer to Casework Practice Manual Chapter 2: Complaints Management).
12. Records and Documentation

Purpose
To inform residential care workers about their record keeping responsibilities.

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements

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

Related Resources
Residential Care Plan
Residential Care Plan Review
Interim Safety Plan
Interim Safety Plan Guide
Safety Plan
Critical Incident Report Template
Case Note
Team Meeting Minutes Template
Medication Chart – prescribed
Medication Chart - PRN
Procedures

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

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

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

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

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

Other important documents
All other relevant documentation relating to a child’s care received by the residential care workers should be sent to case managers to be stored appropriately.
Diary
All appointments must be recorded in the home’s diary.

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

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

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

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

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

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

For more information refer to section 34. Health and Medication.
13. Maintenance and Repairs

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

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

**Breakdown Repairs (Faults)**
Breakdown repairs are commonly termed faults and relate to work generally caused by:
- accidental or wilful damage, for example, damaged doors or windows, roof leaks, graffiti, etc. or
• failure of existing fixtures, for example, plumbing problems, electrical issues or air-conditioning not working, etc.

For the following items inform your manager. The manager will contact the Procurement and Facility Management representative:
  • furniture - repairs and replacements, including blinds and curtains, and
  • portable electrical appliances - repairs and replacement of refrigerators, dishwashers, washing machines, etc.

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

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

Advise BMW there is a fault and quote the:
  • Premise Number
  • Premise Name
  • Contact Person
  • Details of Fault
  • Priority (residential care staff must consider security or safety issues when deciding which priority is appropriate)

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

A fault should only be logged as a priority 1 where it is determined to be an emergency and presents as a serious safety issue.

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

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

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

BMW routine maintenance includes:

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

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

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

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

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

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

**Swimming pool maintenance**
Swimming pools are maintained and serviced by an external service provider; however residential care staff are required to maintain the pool in a safe and hygienic condition on a daily basis. Pools must be checked for water level, hazards and any debris - rocks, stones, twigs, leaves etc. should be removed from the pool. Any damage should be reported immediately to Procurement and Facility Management.
CHAPTER 3: REFERRAL, ADMISSION AND TRANSITION

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements
- All children being placed in Residential Group homes must be accompanied by a responsible adult, or otherwise negotiated with the manager (on-call).
- Whenever possible, a child entering or leaving a residential group home should do so in a planned manner.
- The home’s staff and the appropriate district office staff must undertake initial and ongoing assessment, review and planning, and the provision of resources required to implement therapeutic care.
- The key worker, residential care workers and the child’s case manager must follow the procedures and guidelines set out in the Welcome to Care package (in related resources) to safely transition the child into the home environment.
- All property brought into the home by a child must be checked to make sure that nothing of a dangerous nature is brought into the home. This may need to be done on a regular basis if residential care workers believe that inappropriate or dangerous items are being brought into the home. Refer to section 24. Search and Seizure.
- District workers are responsible for arranging access to appropriate leaving care services for children leaving the care of the CEO (this includes all children leaving the care of the CEO, not just a child aged 15 years or older). Residential care workers can offer or provide support where appropriate.

Related Resources
Welcome to Care package Older Kids
Welcome to Care package Younger Kids
Resident Summary Sheet
Safety Plan
Medication Chart – prescribed
Before placement
Whenever possible, the child’s case manager and manager should have a placement planning meeting before the child is placed.

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

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

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

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

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

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

Transition from Residential Care homes
A planning meeting to map out the child’s needs and processes must be undertaken before the child transitions to the next placement. The district, and the child’s case manager are responsible for planning for leaving the placement in the home, but residential care workers must work/assist in the process.
For more information refer to Casework Practice Manual Chapter 10: Leaving the CEO’s Care.

Out of hours placement
In an emergency out of hours placement via Crisis Care can be arranged as an overnight stay. The placement ends at 9am the next business day, and the child must return to the district office. It is the district’s responsibility to request a placement via the Central Referral Team.
15. Aboriginal Children and Children from Culturally and Linguistically Diverse Backgrounds (CaLD)

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

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

Standards
Better Care, Better Services – Standards for Children and Young People in Protection and Care

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

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

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

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

For more information refer to:

- the Casework Practice Manual, *Chapter 7: Child Placement Principle*
- the Department’s Aboriginal practice leaders based in each district office, the Aboriginal practice leader for Residential Care, or the Aboriginal Engagement and Coordination Unit, and
- the Department’s Principal Policy and Planning Officer - Cultural Diversity, Service Delivery Practice Unit, other relevant CaLD Officers, or the *CaLD SharePoint Resources Library*.

Additional care considerations

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

Use appropriate communication and interviewing strategies. The *Casework Practice Manual Chapter 1: Language Services – Booking and Payment* provides information and resources to assist residential care workers to communicate with children with limited
English language proficiency. Residential care workers may also contact the Aboriginal Engagement and Coordination Unit and the Principal Policy and Planning Officer - Cultural Diversity, Service Delivery Practice Unit for information on translating services in WA.

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

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

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

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

- **Speak clearly and simply.** Be mindful that in some communities English may not be their first language.
- **Avoid using acronyms and labels such as client, patients, clinical psychologist, and professional.** Instead use words such as family member, participants, Aboriginal person, and worker.
- **If necessary, seek clarification from the Aboriginal person that they have understood you.**
- **Do not rush introductions at the beginning of a conversation.** You could begin with introducing yourself, where you are from, your family, your background (“your mob”) and then give a full description of your role, your “story”. Who you are is more important than what you are; highlight any connections you may have with people they may know in their community.
- **Do not start a conversation with open-ended questions** as it puts too much pressure on the Aboriginal person to “open up”. Ask about their “story” and family (“their mob”). Aboriginal people like to consider questions and information at length before replying. Quick replies can be seen as impolite. Allow periods of silence. Too many questions can be seen as an invasion of privacy.
- **Be mindful of diverse attitudes towards personal space and touching,** and diverse meanings for hand and facial gestures, tone of voice and eye contact.
- **Refrain from direct consultation with community groups and organisations from the same cultural or ethnic background unless you have consent from the child, Aboriginal practice leader or the child’s case manager beforehand.** There may be unintended consequences of such consultations.
- **If the child identifies as both Aboriginal and another culture,** it is important to note this, but the focus of the Cultural Plan is to maintain links with the Aboriginal and Torres Strait Islander heritage of the child. If they do not identify strongly with the Aboriginal culture, the cultural plan should support the child’s linkages back into the
Aboriginal community at a pace that suits the child. It is important to ascertain where the child feels a strong sense of belonging, and maintain their family, spiritual and cultural connection to this area.

- Consider if there may be any gender issues that may come into play in the engagement process. As a general rule, ask the child if he or she is comfortable when a member of the opposite gender is involved in the interactions, for example, men’s business or women’s business. It is always respectful to ask.

- In Aboriginal culture some topics may not be openly discussed, such as bereavement (Sorry business); death (not using the name, or showing pictures of the deceased); ceremonial business; sexuality and fertility (use professionals of same gender); and domestic habits.

For more information about physiological and/or psychological consequences of refugee trauma refer to the CaLD SharePoint Resource Library or the Principal Policy and Planning Officer – Cultural Diversity, Service Delivery Practice Unit.
CHAPTER 4: PLANNING AND THERAPEUTIC MANAGEMENT

16. Residential Care Plans

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Nine Dimensions of Wellbeing (listed in Residential Care Planning documents below)
Residential Care Plan - Blank
Residential Care Plan Review Template
Casework Practice Manual Chapter 7: Residential Care Services

Procedures

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

The RCP will identify the agreed placement goals, objectives, actions and tasks, who is responsible (including resources), the timeframe and a measure of achievement. It must be signed off by the manager, case manager and district team leader.
Where possible every effort should be made to include the child’s views. A copy of the review document should be provided to the team and a further copy placed on the child’s file.
17. Trauma Profiles

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Trauma Profile Template

Procedures

Overview

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Residential Care Services Referral Process Map
Safety Plan
Transition Home
Casework Practice Manual Chapter 7: Residential Care Services
Casework Practice Manual Chapter 8: Placement of Children Considered a Risk to Others
Casework Practice Manual Chapter 10: Permanency Planning

Procedures

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

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

**Risk factors**

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

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

A safety plan should:

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

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

**Urgent placements – children who pose a risk to others**

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

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

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

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Related Resources
Residential Care House Weekly Planner - Template
Charter of Rights for Children and Young People in Care
Form 009 Statutory Declaration

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

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

- Under all circumstances the child’s developmental ability and any known risks must be taken into account in planning for activities and outings.
- If an incident occurs, the child’s Safety Plan must be reviewed.

**Related Resources**

- [Charter of Rights for Children or Young People in the CEO’s care](#)
- [Sanctuary Tools](#)
- [Cancer WA Sun Smart](#)
- [Casework Practice Manual Chapter 7: Overnight Stays and Other Activities](#)
- [Children and Community Services Act 2004 – Section 10 Principle of child participation](#)

**Procedures**

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

The child’s individual daily program should include:

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

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

**Community meetings**

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

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

The meetings help children (and staff) to learn new words to show their feelings and to practice asking other people for help when they need it.
**Weekly ‘residents’ meetings’**
Resident’s meetings are scheduled once a week and provide an opportunity for all workers and children to contribute to the running of the home. All meetings commence with a Community Meeting. Children should be encouraged to contribute ideas, to resolve issues and to learn lifestyle skills, such as democratic decision making and conflict resolution. Meetings should go ahead whether or not there is full participation by residents.

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

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

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

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

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

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

Expanding the children’s learning and leisure activities also increases children’s range of skills and competencies. Activities may be formal or informal and conducted on an individual and/or group basis, but all should contribute to the child’s normalisation and developmental processes.
Residential care workers and children develop and implement ‘activity programs’ together. The activity programs must reflect children’s needs, wishes and the overall program objectives.

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

When completed all programs should be available to residential care workers and children
20. Responding to Suicide and Self Harm

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Case Note
Safety Plan
Transition Home
Critical Incident Report Template
Casework Practice Manual Chapter 14: Suicide and Self Harm and resources in the entry:
  - Suicide Information Sheet
  - Responding to Suicidal Thoughts and Behaviours
  - Personal Levels of Concern About Suicide
  - Suicide and Aboriginal People
  - Deliberate Self-harm and Suicide
Non-suicidal Self-injury and Suicide
Mental Health Services for Young People in Western Australia

Procedures

Self-harm definition
Self-harm means any behaviour which deliberately causes pain or injury to oneself. This includes cutting, burning or hitting oneself, overdosing on prescription or illegal drugs, binge-eating or starvation, abusing drugs or alcohol, or repeatedly putting oneself in dangerous situations\(^1\).

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

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

\(^1\) Sane Australia: https://www.sane.org/mental-health-and-illness/facts-and-guides/self-harm
11. Record the incident. Depending on the nature of the incident this will require completion of a “log entry”, a case note, or a Critical Incident Report.

**Suicide definition**

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

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

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

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

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

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

For more information refer to the related resources *Suicide Information Sheet* and *Suicide and Aboriginal People* in [Casework Practice Manual Chapter 14: Suicide and Self Harm](#).

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

- when a child is being forensically interviewed about disclosure of harm/abuse
- when a child is placed into the care of the CEO
- when there is placement instability or transitions (including out of Secure Care)
- a child with a mental illness is discharged from in-patient care or an emergency department
- when significant anniversaries occur
- when a sibling or other family member attempts, or commits, suicide; or if someone the child knows, or who is from their community, attempts or commits suicide, and
- when funeral or ‘Sorry’ events occur.
The Aboriginal practice leader must be consulted to discuss cultural considerations when Aboriginal children plan to attend funeral or Sorry events. The Aboriginal practice leader can advise on spiritual, cultural and practical issues relating to these events.

**Suicide response procedures**

1. Residential care workers must treat all non-fatal suicidal thoughts and behaviours seriously, no matter how frequently these threats are made. Suicide and self-injurious behaviour are indicative of underlying distress and a need for urgent assistance.

2. An ambulance must be called if immediate medical attention is required.

3. If the child requires urgent medical treatment but refuses this treatment, other professionals will assess and determine whether the child should be taken involuntarily to hospital.

4. The Crisis Care Unit, the home’s manager, the Assistant Director and Director Residential Care, psychologist and case managers must all be informed.

5. The child must receive discharge forms from the hospital to return home. The *Individual Safety Plan* must be reviewed by the home’s psychologist and key workers as soon as possible.

6. Residential care workers must monitor the child’s emotional state until the risk of harm has been removed or appropriate intervention has been implemented.

7. Residential care workers should check that the external doors of the property are locked. The child cannot be prevented from leaving the home and the doors must be opened if the child requests to leave. Residential care workers must not give any child in a heightened state and at risk of suicide permission to leave the residential home if unaccompanied by a residential care workers member. If the child runs away and is at risk of harm, the procedure for notifying the police must be followed and the child reported as a High Risk Absconder.

8. Remove any objects that could be used for self-harm.

9. Residential care workers should talk to the child and provide support in a calm and understanding manner.

10. Make regular bed checks and record observations in the home’s *Log Book* and in the child’s case notes. Observations should be made more frequently if the level of risk warrants this and a record made. This must be logged in the home’s *Log Book* and documented in the child’s case notes. Notify by email the relevant psychologist, manager, Assistant Director, Director Residential Care and case manager at the earliest possible opportunity.

11. Record the incident. Depending on the nature of the incident this will require completion of a “log entry”, a case note, or a Critical Incident Report.

12. Residential care workers must also seek advice when concerned about the child’s wellbeing from senior residential care workers. After hours this may include seeking advice from: the on-call manager, Crisis Care Unit, Acute Response Team (ART) 1800 048 636 or the Psychiatric Emergency Liaison Officer at the nearest hospital Emergency Department.

13. In all cases the following should be notified as soon as possible: The child’s case manager, Crisis Care Unit, on-call manager, the manager, the Director and
Assistant Director Residential Care, and the home's psychologist should be notified as soon as possible via email.

14. A psychological or psychiatric assessment should be arranged, and the child’s Safety Plan must be updated.
21. Responding to Psychiatric Concerns

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Casework Practice Manual Chapter 1: Psychology Services
Bilateral Schedule between the Department and Child and Adolescent Mental Health Services
Acute Response Team Referral Flowchart (Appendix 1 page 9 in the Bilateral Schedule)

Procedures

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

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

After-hours advice and direction call the Acute Response Team (ART) - 1800 048 636
For more information refer to section 28. Medical Emergency.

For more information refer to the Bilateral Schedule between the Department and Child and Adolescent Mental Health Services.
22. Therapeutic Crisis Intervention and Use of Physical Restraint

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements

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

Physical restraint of children to protect safety and wellbeing of children and staff
- Authorised TCI accredited staff must only use TCI procedures to physically restrain a child when the safety and wellbeing of the child, and others (including staff) is compromised.
- Reasonable and minimal physical force may only be used:
  - as a last resort, and
  - until the imminent danger has passed and the child has returned to baseline.
- Except in an emergency, only an authorised officer who has completed TCI training and has been assessed as competent may physically restrain a child.
- Physical restraint must not be used to demonstrate power or control over a child, or as a form of punishment.
- Following a restraint residential care workers must seek medical attention as soon as possible if there are any health concerns for the child after the incident, and forward a report on the child’s physical condition to the Assistant Director, Residential Care.
- When the situation has stabilised, the staff involved in (or witnessing) an incident must complete and forward copies of a signed Critical Incident Report to the
manager, Assistant Director and the child’s case manager, and debrief as soon as possible.

- After an incident involving physical restraint:
  - staff must review the child’s safety plan, and
  - the child must be invited to complete a Child’s View of the Incident report – the child keeps this report, and a copy is given to the home’s manager.

- Staff must attempt to hold a Life Space Interview (LSI) with the child as soon as possible after the incident to provide opportunities for growth and change. The child should be invited to participate in decisions about behaviour intervention for his or her self-care plans.

- Staff must record attempts to hold the LSI on the Critical Incident Report.

Related Resources

Safety Plan
Transition Home
Critical Incident Template (with Child’s Point of View of the Incident p. 8)
Children and Community Services Act 2004 – Section 8 Determining the best interests of the child
Children and Community Services Act 2004 – Division 8 Powers of restraint, search and seizure
Moodle Online Learning – Training - Therapeutic Crisis Intervention

Procedures

Therapeutic Crisis Intervention

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

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

Physical Restraint of a child

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

Where possible a discussion between residential care workers should take place so that physical intervention is planned and agreed.
Situations may arise where use of physical restraint is ill-advised. Due to the danger presented, residential care workers are best-placed to assess whether or not a physical restraint may be attempted. Things to consider include:

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

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

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

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

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements
- Critical incidents must be managed and responded to using the Sanctuary therapeutic approach.
- Residential care workers must notify the manager (or on call manager) of all critical incidents by email in the first instance, and record details in a Critical Incident Report as soon as possible and email it to the manager.
- The manager must save Critical Incident Reports to the Objective Residential Care file and forward copies of the report to the child’s case manager, other appropriate officers, and the on-call manager.
- Where a serious or contentious critical incident occurs, (one that will have ongoing repercussions to the child or the Department), residential care workers must inform the on-call manager by phone immediately.
- Residential care workers must not contact the Police as a child behaviour management tool.

Related Resources
Critical Incident Report Template
Residential Care Practice Manual Section 28. Medical Emergency

Procedures

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

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

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

A contentious critical event is one where a serious incident will have ongoing repercussions to the child or the Department, and must be reported to the on-call manager and/or director.

NOTE: Critical incidents are not limited to these situations and if you are unsure please complete a Critical Incident Report.

Introduction

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

Residential care strives to provide a safe, therapeutic environment and takes appropriate action in response to incidents which affect, or have the potential to affect, the health, safety or wellbeing of staff, children or others.

During the incident

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

Residential care workers may only call the Police or activate the Duress when they unable to maintain a safe environment, and have exhausted all other strategies.

After the incident

1. Residential care workers must maintain the physical and emotional well-being of the other children and staff.
2. Recording – Notes about the critical incident must be recorded in the Log Book for residential care workers to refer to later when completing the case notes and the Critical Incident Report. An email should be sent to the home’s manager, child’s case manager, the home’s email DL, Assistant Director and Director Residential Care. A Critical Incident Report should be completed as soon as practicable.
3. All residential care workers and children involved in a critical incident must be given the opportunity to debrief with the manager, psychologist or other appropriate person. Residential care workers must provide immediate emotional first aid to all children after the incident.
For more information, also refer to ‘Injuries to a Child’ and ‘Injuries to Staff’ in section 28. Medical Emergency.
24. Search and Seizure

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements

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

Search and seizure powers under the Act

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

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

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

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

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

How are seized articles to be dealt with?

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

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

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

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

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

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

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

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

The child’s case manager must be notified via email about any items seized and the location of those items (for example, if disposed, placed in child’s property, or handed to WA Police, etc.).
CHAPTER 5: EMERGENCY PROCEDURES

25. Duress Alarms

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Procedures

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

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

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

At the beginning of each shift the portable duress alarms must be taken over from staff on the previous shift.
Many country residential group homes do not have an emergency alarm system due to their remoteness and the lack of security companies able to respond. Residential care workers should instead call 000.

**Operating duress alarms in an emergency:**

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

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

**Telephone numbers and voice code:**

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

**If the alarm is activated in error:**

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

**If mains power fails:**

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

**Duress alarm testing (must be completed weekly):**

1. Ring the security company.
2. Quote voice code.
3. Ask for the system to be switched to test mode.
4. Test all duress alarms.
5. Reset alarm - key the appropriate code into the wall mounted unit after each activation.
6. Ring the security company to check that all signals went through and ask for system to be put back on line.
7. Log the number of alarms tested and whether or not they are working.
Note: If the security company does not receive all duress signals, further testing is necessary to identify which unit is not working. Residential care workers must:

- clearly mark the unit as faulty
- log the duress alarm as faulty, and
- inform the manager.
26. Emergency Management and Evacuation

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements

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

Related Resources
Workplace Inspection Checklist
Fire / Evacuation Drill Record
Emergency Contacts template
Emergency Evacuation Checklist Template
Procedures

Safety and health representatives

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

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

Evacuation bag

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

Procedures - prevention and planning

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

Emergency Records File

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

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

**Evacuation Management Plan**

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

**Evacuation Checklist**

An *Evacuation Checklist* must be displayed clearly in the *Emergency Records File*. It must clearly describe the actions children, residential care workers and visitors must follow in an emergency that requires the premises to be vacated.

The *Evacuation Checklist* must include a site plan that identifies:
- emergency exits
- the locations of emergency equipment
- locations of main power and water controls, and
- the location of the safe assembly area.

**Workplace Inspections and Checklist**

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

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

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

**Evacuation Drills to the assembly area**

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

**Procedures in the event of an emergency**

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

1. Responses

Responses may include:

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

2. Recovery

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

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

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

3. Review

Review of emergencies and critical incidents

The manager organises a debriefing, where appropriate, to:

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Fire Safety Management Plan
Workplace Inspection Checklist
Summer Fire Prevention Strategies Checklist
Mid-summer Review Checklist
Department of Fire & Emergency Services Current Alerts and Warnings
Procedures

Fire Management Plans

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

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

The plan must be prepared and practiced with all members of the home (children, residential care workers and visitors) before the start of the bushfire season, and when new children and staff join the home. Residential care workers must be familiar with the FMP and understand their role and responsibilities if there is a fire.

The FMP must:

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

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

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

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

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

2. Fire Prevention and Preparation Planning

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

**Summer Fire Prevention Strategies**

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

Homes located on larger blocks must have an annual Department of Fire and Emergency Services (FESA) review completed by 1 September each year. The manager must work with Facilities Management to complete the FESA review and all recommended actions by 1 November each year.

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

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

**Physical Environment**

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

The following actions are required when necessary:

**Starve the Fire**

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

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

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

**Fill the gaps**

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

**Avoid fire traps**

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

**3. Response**

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

Responses include:
• the process for determining the level of risk and/or threat, and the course of action to be taken
• turn the air-conditioning off
• the evacuation process for moving residential care workers and children to a place of safety
• notifying the Director, Residential Care or his/ her nominated delegate before the action is taken, and
• the process for returning to the home once the threat has passed, or to alternative accommodation if this isn’t possible.

4. Recovery

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

Following an emergency or critical incident, the manager, the home psychologist and the Facilities Management Team must:
• take appropriate actions to return the home and property to normal
• develop and implement medium to long-term strategies in conjunction with specialist support residential care workers to identify and manage the ongoing social and psychological needs of those affected, and
• modify specific procedures of the Fire Management Plan as determined by the operational debriefing.

5. Review

The manager and home’s psychologist review each fire emergency. They:
• organise an operational debriefing to evaluate the implementation and effectiveness of the Fire Management Plan
• openly communicate any issues and/or faults in procedures, and any suggested improvements, and
• maintain associated documentation.
28. Medical Emergency

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Case Note
Safety Plan
Children's Court Report

Phone numbers (to be copied and available in each home as a poster in the staff room)
- 000 Emergency
- Princess Margaret Hospital (08) 9340 8373 or (08) 9340 8222
- Fiona Stanley Hospital (08) 6152 2222
- Poisons Line 131126
- Health Direct – 24 hr advice 1800 022 222
- Dental Emergencies a/hrs (08) 9221 2777 or (08) 9226 1461 or (08) 9382 8266
- Acute Response Team (ART) 1800 048 636
Procedures

Injuries to a child

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

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

If in doubt, call an ambulance

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

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

After hours

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

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

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

Ambulance

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

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

Anaesthetic Consent

Residential care workers must contact (or have medical staff contact) the child’s case manager if local or general anesthetic is needed.
Only Crisis Care can provide after hours consent.

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

**Injuries to workers**

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

29. Keys

Purpose
To maintain organisational security and personal safety within the home.

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Procedures

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

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

Keys should not be placed where children can access them.

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

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements

• As part of the first introductory meeting, all children must be asked if they have any valuable or precious items in their possession. Children should be advised that there are secure storage facilities available to keep items safe.
• All residential care homes must provide suitable storage facilities for children’s personal property. Valuable or precious items which require secure storage must be stored in a secure container or secure area.
• All dealings with children’s property must adhere to the principle that even items which appear to have little intrinsic value may be very precious to the child. Residential care workers must remain completely non-judgemental about the value of items belonging to the child.
• All children living in residential care homes must be encouraged to recognise that respect for their own and other’s property is a part of their social responsibility.
• All property brought into the home by a child must be checked to make sure that nothing of a dangerous nature is brought into the home. This may need to be done on a regular basis if residential care workers believe that inappropriate or dangerous items are being brought into the home. Refer to section 24. Search and Seizure.

Related Resources
Residential Care Practice Manual Section 24. Search and Seizure

Procedures

Overview

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

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

If the child does not cooperate with such checks of their property and there is reason to believe a search to be necessary residential care workers should refer to section 24. Search and Seizure.

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

Purpose:
To develop guidance and strategies around:

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements
Mobile phones

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

The Internet, computers and other devices

- Residential care workers must refer to the Classification Guidelines set by the Australian Communications and Media Authority (ACMA) (also in related resources) when supporting children to use electronic media safely.
- Residential care workers must also take into account the children’s developmental age, trauma history, vulnerability, and appropriateness of content of media bought into the home.
- Workers must discourage children’s use of illegal, dangerous, offensive, illicit or illegal media.
- In line with our Sanctuary Commitment to Non-Violence and social responsibility, Residential care workers must observe and monitor the content of material being viewed or played by children on home’s computers and any personal internet-enabled devices that a child brings into the home to:
- assess its appropriateness
- make sure that downloaded material is safe and appropriate for the child, and
- restrict access to inappropriate websites.

- Residential care workers must limit time and use of electronic media to safeguard the children’s health and wellbeing.
- Every home must have written agreements that describe the expectations for use of electronic media clearly, and includes non-violence and social responsibility for workers and children. These agreements must be signed by the case manager, child, and the home manager or key worker, ideally at the residential care plan meeting, or when the device is brought into the home.
- All inappropriate use of any media must be recorded and reported to the child’s caseworker.

Related Resources

Case Note
Social Media in Casework Practice Policy
Cyberbullying - Useful Information for WA Parents
Casework Practice Manual Chapter 7: Identification of Children
Australian Communications and Media Authority – Classification Guidelines
Office of the Children’s eSafety Commissioner
Common Sense Media
Health Direct – Cyberbullying

Procedures

Introduction

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

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

1. Mobile phones

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

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

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

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

2. Access to the Internet

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

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

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

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

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

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

Voice over Internet Phone (VoIP) calls

Making phone calls over the internet using free calling websites such as Skype or Facetime can be accessed, but this must be supervised by residential care workers and limited to each child’s approved contacts.
Age appropriate social networking sites may be accessed under residential care workers’ supervision. Residential care workers may set up accounts that link to social networking sites to monitor the children.

3. Music

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

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

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

4. Cameras and recording devices

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

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

Residential care workers should refer to the following:
- Residential Care Practice Manual Section 3. Confidentiality and Information Sharing, and
- Casework Practice Manual Chapter 7: Identification of Children

5. Television

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

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

Smart TVs must be used in accordance with the internet use guidelines.
The use of TVs and portable DVD players in bedrooms should be limited according to the home’s guidelines.

6. Gaming consoles and devices

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

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related resources
Residential Care Manual Section 13. Maintenance and Repairs

Procedures

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

Residential care workers should model appropriate behaviour, and encourage and include the children in house-keeping routines, assisting them where necessary to complete day to day tasks such as:
- cleaning their bedroom
- cleaning up after food preparation and mealtimes
- sharing responsibility for keeping the living areas clean, tidy and safe for everyone, and
- planning a weekly menu for meals.

When planning the weekly menu, residential care workers must be aware of:
- food items not liked by some children
- children’s food allergies, and
- the need to uphold children’s cultural and/or religious dietary needs.

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

Any new works or additional items required for the home, or items that need to be replaced must be requested through the manager or Assets. For more information refer to section 13. Maintenance and Repairs.
33. Meals

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

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

Related Resources
Form 009 Statutory Declaration
34. Health and Medication

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Medication Chart – prescribed
Medication Chart - PRN (non prescribed)
Form 009 Statutory Declaration
Poisons Information 13 11 26 (24 hours)
Health Direct 1800 022 222 (24 hours)
Princess Margaret Hospital 9340 8222
Residential Care Practice Manual Section 28. Medical Emergency
MOU – Schedule between CPFS and Department of Health 2015
Casework Practice Manual Chapter 10: Health Care Planning (and all the related resources –
11 Month Care Planning Guide
Procedures

Overview

To meet the Department’s duty of care obligations residential care workers must recognise and respond to the changing health needs of children and accidents involving children. Case managers must discuss each child’s health needs with residential care staff to meet the child’s immediate health needs.

The case manager must:

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

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

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

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

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

Administration

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

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

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

Before administering any medication, the residential care worker must check the following:
• that the child is the same person as named on the medication container and identified by the photo on the Medication Chart
• that the child is not under the influence of other drugs or substances, and
• the name of the medication, dosage and time.

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

Medical records and Medication Charts

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

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

Each child’s Medication Chart must be scanned into his or her Residential Care Objective file regularly.
35. Bed Checks

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Procedures

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Holding Hands Primary School Lesson Plans for Teaching Protective Behaviours
Protective Behaviours WA
CPFS Code of Conduct:
Safety Plan
Procedures

Overview

- When determining what appropriate physical contact is, residential care workers must take into account the child’s age, stage of development and personal history.

- Appropriate options may include high fives, shoulder pats, cuddles (for younger children), side-to-side shoulder hugs (for older children), foot massages and head massages. It is important to assess the child’s reaction to physical contact to determine what they are comfortable with.

- If a child is demonstrating a pattern of inappropriate physical contact, the residential care team must develop consistent methods for dealing with the behaviour. The behaviour may need to be addressed when developing the child’s Residential Care Plan and/or Safety Plan.

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Safety Plan
Transition Home
CPFS Code of Conduct
Drug and Alcohol Office – 24 Hour Alcohol and Drug Support Lines:
- Metropolitan Area 9442 5000
- Country Regions 1800 198 024
- Email: alcoholdrugsupport@mhc.wa.gov.au
Residential Care Practice Manual Section 28. Medical Emergency
Residential Care Practice Manual Section 40. Contact with the Police or Justice System
Residential Care Practice Manual Section 21. Responding to Psychiatric Concerns

Procedures
Overview

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

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

Out of hours placements

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

If the child’s health deteriorates after placement, residential care workers must provide appropriate assistance and additional monitoring, or arrange for medical attention if required. Refer to section 28. Medical Emergency.

A child who is drug or alcohol affected.

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

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

If the child expresses an intention to self-harm or actually self-harms please refer to Chapter 6: Responding to Self-Harm and Suicide. If the child has a psychotic episode as a result of their use of alcohol, drugs or volatile substances the protocols for responding to mental health concerns must be followed. Refer to section 21. Responding to Psychiatric Concerns.

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Case Note
Workplace Anti Bullying Policy 2009
CPFS Code of Conduct
Administration Manual Chapter: 1.3.08 Workplace Anti-Bullying
Cyber-bullying. Useful Information for WA Parents
FAQs – Bullying in Schools
Young People’s Sanctuary Self Care Plan - Template
Sanctuary Tools

The following sites have extensive range of resources:
Bullying no way! Safe Australian Schools
Bully Stoppers
Health Direct – Cyberbullying
Definitions:
The following definitions are taken from the Australian Government's FAQs: Bullying in Schools. Safe Australian Schools Together (in related resources).

Bullying

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

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

Covert bullying

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

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

Online Bullying

Online bullying (sometimes called cyber bullying) is bullying carried out through the internet or mobile devices. Research shows that most young people who are bully online also bully others in person\(^2\).  

Examples of online bullying include:

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

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

Bullying can happen:

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

Identifying bullying can sometimes be difficult. Bullying is often conducted out of sight of teachers and children may be reluctant to report bullying.
40. Contact with the Police or Justice System

Purpose
To provide residential care workers with guidance about their responsibilities and expectations when police or justice contact with the children in their care.

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements
- Police must be called to deal with matters of criminality, or when a situation becomes so dangerous for the child, other children or workers that criminal charges would be expected to follow.
- The police must not be used as a means of dealing with or controlling disruptive behaviour (refer to section 22. Therapeutic Crisis Intervention and Use of Physical Restraint).
- Staff must not release any written information about a child to police. If Police make a request for information, staff must refer police to the child’s caseworker. Refer to Casework Practice Manual Chapter 1: Mutual Information Exchange and Working with Agencies.
- Residential care workers must refer to Casework Practice Manual Chapter 11: Consent for Police Interviews for Children in the CEO’s Care for information about their roles and responsibilities when police request a:
  - police interview of a child suspected of an offence
  - consent to collect DNA evidence, and
  - information about the role and responsibilities of the ‘Responsible Person’, and
  - after-hours procedures for consent and legal advice.

Related Resources
Children’s Court Report
Critical Incident Report Template
Residential Care Practice Manual Section 22. Therapeutic Crisis Intervention and Use of Physical Restraint
Casework Practice Manual Chapter 11: Consent for Police Interviews for Children in the CEO’s Care
Casework Practice Manual Chapter 1: Mutual Information Exchange and Working with Agencies
Children and Community Services Act 2004 – Section 127 Power of the CEO to give consent
Procedures

The CEO has parental responsibility for children residing in the Department’s residential care homes.

Attending Court

Children that attend court should be accompanied by their case manager, however, the case manager may request that residential care workers to attend in their place. Any assistance is contingent on the residential care workers being able to effectively manage their responsibilities to the other children in their care.

Bail

Children in the CEO’s care may be offered bail. Bail papers cannot be signed by residential care workers. It may be necessary to inform police that the child’s case manager or district office is responsible for signing or refusing to sign for bail, or after hours, Crisis Care.

Children picked up by the Police

If Police reasonably suspect a child in the CEO’s care has committed an offence they may seek to interview the child. Only the child can give consent (or refuse or withdraw consent) to being interviewed by Police. In all circumstances a child in the CEO’s care must be provided with legal advice before he or she is interviewed by Police. If an interview proceeds the Department must verify that the child has a Responsible Person present.

A residential care officer cannot act as a Responsible Person for a child in the CEO’s care. Generally, child protection workers should act as the Responsible Person, or if after hours, this role is undertaken by an authorised officer from the Crisis Care Unit. The Responsible Person must consider the best interests of the child in all decisions.

Residential care workers should not accompany a child taken to a police station. Should they need to attend to provide support until the Responsible Person arrives they need to consider the needs of the home at this time.

Note: WA Police officers cannot insist that residential care workers accompany the child and act as a Responsible Person.

Police Attendance at a Residential Care Home

Residential care workers have primary responsibility for all the children in their care, and therefore there will be times when it is appropriate to call the police.

When an incident occurs within the home that results in police attendance, and a child is arrested which leads to an impending court attendance, a Children’s Court Report (in related resources) must be written by the residential care worker involved.
The report must describe the situation and why the police were called. When completed, it must be submitted to the Department’s Court Officer before the child’s appearance in court. A Critical Incident Report must also be written up as soon as possible (refer to section 23. Critical Incidents).

Community Service Work Orders

- When a court sentence or Juvenile Justice Team (JJT) impose community service hours, it is not appropriate for this work to be undertaken at the residential care home, or to be supervised by residential care workers. Such requests by the court or the JJT should be politely but firmly declined. If there is insistence, the Department’s Court Officer will advocate on behalf of Residential Care.

- Children who are given Intensive Youth Supervision Orders (IYSO) and Youth Community Based Orders (YCBO) should be encouraged and supported by residential care workers to adhere to their conditions. However, the responsibility for the management and supervision of these orders remains with the Department of Corrective Services.
41. Absent Without Permission (Absconding)

Purpose
To provide information about procedures residential care workers must follow when a child has absconded or is absent from the home without permission.

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements
- Residential care workers must provide the highest level of supervision at all times to children who reside in residential care.
- If a child leaves the home (or an outing) residential care workers must try to accompany the child for as long as practicable to persuade him or her to return, or to determine the child’s intended destination.
- If a child leaves the home without permission, cannot be located or fails to return to the home by a set time, an absconder report must be completed immediately (if high risk) or within 30 minutes.
- Residential care workers must read and be familiar with the MOU CPFS and WAPOL Processes When a Child in the CEO’s Care Absconds from a Department Managed Residential Care Facility or Secure Care. The MOU provides information about specific procedures and staff responsibilities (pages 5 and 6), and a flowchart (page 11).

Related Resources
At Risk Person Assessment CPFS Absconder Report
Missing Person / Absconder Located Form
CPFS and WAPOL Processes When a Child in the CEO’s Care Absconds from a CPFS Managed Residential Care Facility or Secure Care
Flowchart – Summary of Actions When a Child is Missing or has Absconded

Procedures

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

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

1. Accompany the child and try to persuade him or her to return.
2. Failing this, try to discover their intended destination (this also applies when a child is on a supervised activity and leaves without permission)
3. When the child has left and you cannot locate him or her, complete a final search, and call the child on his or her phone.

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

5. Complete a risk assessment. If deemed high risk, report as an absconder and follow up with phone call to the Police.

6. After 30 minutes has lapsed and it is clear that the child has absconded, residential care workers must complete:
   b. a risk assessment (that is, high risk or low risk)
   c. determine if the child is currently on bail, has curfew conditions, or has a history of sexual offending, and
   d. record current location in Assist

7. Attach the Absconder Report – PDF document to an email and send it to: PACProcessingSMAIL@police.wa.gov.au copying in the child’s case manager and the home’s email address.

8. Inform the child’s case manager or, if after hours, Crisis Care.

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

10. Where practical, attempt to locate the child.

**High risk absconders**

In circumstances of high risk to the child, in addition to the steps above, residential care workers must lodge a missing person’s report with WA Police and follow up by calling WA Police on 131 444 immediately to report the child missing.

High risk factors include where the child:
- may be, or is, suicidal or has a history of recent self-harming behaviour;
- is highly distressed and/or has mental health issues;
- may be affected by alcohol and/or other drugs;
- is sick, injured or reliant on medication;
- has stated intent to harm others;
- has stated the intent to commit a crime, cause damage or arson;
- is known to be in the company of someone of concern – for example, the person has a history of serious offending or inappropriate relationship with the child;
- is young or otherwise particularly vulnerable.

The WA Police officer on the phone will check that the report has been received and confirm this with the residential care worker.

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

1. Record the time in the *Log Book* with any other information about the child’s condition and whereabouts.
2. Notify the child’s case manager or Crisis Care Unit and the Police District Control Centre to inform them of the child’s return immediately. Notify the Police Assistance Centre by phone on 131 444 and follow up by emailing the Missing Person / Absconder Located Form to: PACProcessingSMAIL@police.wa.gov.au.
3. Determine whether the child has suffered any injury or harm and take any immediate action to address the child’s needs. Residential care workers should attempt to make the child feel safe and secure. When appropriate, residential care workers should discuss safety issues and the impact that the absconding behaviour has on the other children and staff.
4. If no safety concerns exist, debrief the child about his/her absence (this may be on the next working day).
5. Update Assist.
6. Place all records in the Objective Residential Care file.
7. Residential care workers must try to determine the trigger for the child that led to such behaviour and jointly discuss strategies including possibly reviewing their self-care plan to avoid absconding.
42. Leaving a Residential Home Unattended

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

Practice Requirements
- Drivers must only transport passengers who are seated with an appropriately fastened seat belt or in an appropriately fastened child restraint.
- A child must never be left in a vehicle unsupervised.
- Residential care workers must not transport children in their personal vehicles unless there are no available Department vehicles, and they have prior written approval from the home’s manager or Assistant Director. Refer Administration Manual Chapter 5.1.13: Riskcover (Insurance Management).
- In the event of an accident, residential care staff must report the accident to the manager and complete the necessary Risk Cover forms as soon as practicable (access via link above).
- Residential care workers must have a current driver's licences in the required classes before they use the Department's vehicles. If a worker's licence status changes, for example, suspension, loss or disqualification, he or she must inform his or her manager at the earliest possible opportunity.

Related Resources
Office of Road Safety
Child Restraints
Administration Manual Chapter 5.1.13: Riskcover (Insurance Management)

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

- All transportation must be entered in the *Log Book* including the child’s name, destination and time. Residential care workers must take a mobile phone with them and the number of the phone recorded in the *Log Book*.

- In the event of a child escalating, causing the driver to be distracted from safely driving, the vehicle must be pulled off the road as quickly as is safely possible and the incident dealt with before proceeding. Where the child does not de-escalate and becomes a safety issue to their self or others, the Police should be called and the child monitored until they arrive. Other children in the vehicle should be kept safe and out of harm by the residential care workers. Police intervention should always be the last option.
44. Water Safety

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Royal Life Saving – Key Facts
Practice Guidance - Swimming Pools and Other Bodies of Water
Residential Care Practice Manual Section 16. Residential Care Plans

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

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

If residential care workers plan swimming activities at the beach they must take the necessary precautions. If there are flags, swim between the flags and follow directions given by surf life savers.
Pools onsite at residential homes must display relevant water safety and CPR signage. Additionally, children must be supervised at all times. Residential care workers supervising children must have the capacity to perform a water safety rescue or be able to swim.
45. Contact with Animals

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
RSPCA Western Australia
Local government council directory
Snake Catchers (local snake catchers)
Safety Plan

Procedures

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

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

Children’s contact with these animals must be assessed and managed by staff. Consideration needs to be made for the following risk factors:
- Children’s health – Will the child have an allergic reaction or fear reaction? Is there a previous trauma and history?
- Any known previous harm to animals.
- Neighbourhood awareness - Neighbours may have animals and it may be necessary to meet with them to discuss their animals.
• Injury liability – Could there be any legal or financial ramifications if either a child, workers or the neighbourhood animals are harmed during any activities? Managers must assess the risks and plan for this through a safety plan. For planned activities, services must have public liability insurance.

• Native fauna - where possible, any activity with native wildlife should also be planned for and a safety plan completed. In the event of unplanned interaction, staff must follow emergency and safety procedures as required. Where there is a continuing risk, for example, a snake on the premises, contact a local snake catcher via the local government council.

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

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Related Resources
Smoking in the Workplace Policy
www.quitwa.com; or on 13 78 48 (13 QUIT) - which operates 24 hours per day
www.heartfoundation.org.au or contact 1300 36 27 87.
www.OxyGen.org.au
www.quitnow.info.au/
www.smarterthansmoking.org.au/
www.cancerwa.asn.au/prevention/tobacco/
Procedures

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

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

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

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

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

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

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

Departmental Frameworks
Service 1 – Residential Care (Sanctuary) Framework 2012

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

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

Procedures

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

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