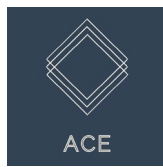




Staff Handbook

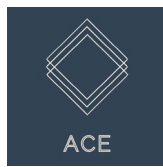
-WELCOME-

[This document simulates a fake business to be used for educational purposes ONLY.]



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Welcome to ACE- Empowering Communities, Transforming Lives

At ACE we are more than just a community services organization; we are a dedicated team committed to making a lasting impact on the lives of those we serve. As you embark on your journey with us, we extend a warm welcome to the heart of our community-focused mission.

Our organization is built upon a foundation of compassion, respect, and a shared commitment to creating positive change. Through our collective efforts, we strive to empower individuals, families, and communities to overcome challenges and reach their full potential.

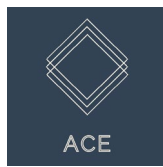
In this staff handbook, you'll find valuable information about our organization's values, policies, and the crucial role you play in delivering quality services to those in need. Each member of our team is a vital part of the ACE family, contributing to the realization of our vision for stronger, healthier, and more resilient communities.

As you embrace your responsibilities, we encourage you to embody our core values of empathy, integrity, and collaboration. Together, we can make a meaningful difference in the lives of those who rely on our support.

Thank you for choosing to be a part of [Company Name]. Your dedication and passion are integral to the success of our shared mission. We look forward to working collaboratively with you as we continue to build a brighter future for the communities we serve.

Warm regards,

Margaret Jane - CEO



VISION

At ACE, our vision is to create connectedness through strengthening a community in which everyone feels welcome and supported.

MISSION

To build an inclusive and supportive community where opportunities empower people, where strengths and vulnerabilities are recognised, where problems are shared, where individuality is applauded and social participation effectuates respect and kindness.

WHAT WE DO

CELEBRATE UNIQUENESS

Everyone is welcome. We value diversity and respect the right for everyone to live their life the way they choose.

EMPOWER OTHERS

Through the sharing of problems and working together to find solutions, through community engagement and building confidence, we enable others to live their life their way.

ACCOUNTABILITY

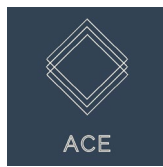
Integrity matters. We are dedicated to being professional, transparent, and accountable to our clients, our community and each other.

RESPECT

All who arrive at ACE have the right to be respected, listened to, included and supported. We acknowledge that coming to ACE is the first step and we have the privilege of now being part of our clients journey.

COLLABORATION

“No road is long with good company” and ACE surrounds itself with likeminded professionals and community networks to offer our clients a holistic and inclusive service.



CODE OF CONDUCT POLICY AND PROCEDURE

Policy Statement

The purpose of the Code of Conduct Policy is to outline the standard of behaviour expected by employees at ACE. In addition, the policy ensures that all staff at ACE behave in a manner that does not compromise these legal obligations.

Scope

This policy applies to clients, families, auxiliary staff, management, contractors, visiting medical and allied health professionals and visitors.

Background

At ACE, our client's safety, dignity and wellbeing are paramount to our core values and objectives.

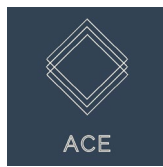
Our mission is “to build an inclusive and supportive community where opportunities empower people, where strengths and vulnerabilities are recognised, where problems are shared, where individuality is applauded, and social participation effectuates respect and kindness.”

We also acknowledge that as far as reasonably practicable, we are responsible and accountable for the safety of all clients while they are in our care, as well as anyone who is attending, visiting or providing services to one of our residential facilities.

This Code of Conduct aims to outline the expectations about staff performance and behaviour by providing guidelines for ensuring that the best possible standards of service delivery and professional conduct are achieved. As an employer, we have the right to insist that all employees, students and volunteers refrain from unacceptable behaviour and poor performance and take appropriate action when such behaviour and performance occur. (Throughout this document, the term “employees” includes students and volunteers.) Similarly, all employees have the right to a discrimination and harassment-free workplace and the responsibility to ensure that they do not discriminate against or harass other employees or clients.

Legislative Requirements

- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Human Rights and Equal Employment Opportunity Commission Act 1986
- Workplace Health and Safety Act 1989
- Anti-Discrimination Act 1991
- Disability Discrimination Act 1992



- Information Privacy Act 2014
- National Framework for Alcohol, Tobacco and Other Drug treatment 2019-2029
- National Quality Framework for Drug and Alcohol Treatment Services
- Severe Substance Dependence Treatment Act 2010
- Drugs, Poisons and Controlled Substances Act 1981
- Mental Health Act 2014
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011

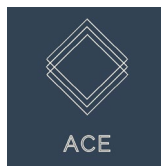
Principles that Inform Our Policy

We pride ourselves on the professionalism and ability of our employees to meet client needs. We strive to be a leading service provider and provide a safe, healthy and happy workplace.

This Code of Conduct is designed to ensure that all employees and community members are treated in a manner that reflects the organisation’s mission, culture and legal obligations.

Key Terms

Term	Meaning	Source
Code of conduct	A set of rules that members of an organisation or people with a particular job or position must follow	Cambridge Dictionary
Confidentiality	The non-disclosure of information, particularly related to the client, except to another authorised person. It is seen as the client’s right and is enshrined in Article 8 of the European Convention on Human Rights.	The legal dictionary
Consent	Voluntary agreement to some act, practice or purpose. Consent has two elements: knowledge of the matter agreed to and voluntary agreement.	Australian Law Reform Commission
Individual	A natural person; any person such as a service user, staff member, board member, volunteer, student, contractor or a member of the public.	Law Insider Dictionary



Personal information	Personal information means information or an opinion (including information or an opinion forming part of a database) about an individual (Office of the Federal Privacy Commissioner, 2001). It may include information such as names, addresses, bank account details and health conditions. The use of personal information is guided by the Privacy Act 1988 (Cth).	Privacy Act 1988
Privacy provisions	Privacy provisions of the Privacy Act 1988 (Cth) govern the collection, protection and disclosure of personal information provided to us by service users, board members, staff, volunteers, students and stakeholders.	Privacy Act 1988

Links to other Policies and Documents

- Inclusion and Diversity Policy and Procedure
- Workplace Health and Safety Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Bullying and Harassment Policy and Procedure
- Customer Service Policy and Procedure
- Management of Care and Service Policy and Procedure

Induction and Ongoing Training

ACE requires all staff to participate in a full induction on commencing employment and an annual Code of Conduct refresher course as a minimum employment requirement.

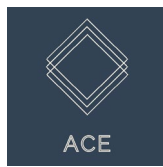
In addition, we promote information sharing at staff meetings, sharing information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented October 2022		October 2023

Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.



Code of Conduct Procedure

Compliance

- All employees and management are expected to:
- observe all policies, procedures, rules and regulations at all times
- comply with all federal, state and local laws and regulations
- comply with all reasonable, lawful instructions and decisions related to their work
- maintain a high degree of ethics, integrity, honesty and professionalism in dealing with community members and other employees
- maintain the confidentiality of the service's operations concerning service activities, confidential documentation and work practices during and after their employment
- take reasonable steps to ensure their own health, safety and welfare in the workplace, as well as that of other employees and community members – employees are expected to make themselves familiar with their workplace health and safety obligations.

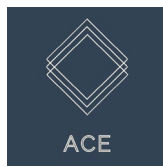
Employee and Management Behaviour

- If an employee breaches the following guidelines, disciplinary action may be taken.
- If the breach of conduct is of a legal nature, it will be addressed in accordance with relevant federal, state or local government laws.
- Employees and management should not:
 - discriminate against another employee or community member based on sex, age, race, religion, disability, pregnancy, marital status or sexual orientation
 - engage in fighting or disorderly conduct, or sexually harass other employees and community members
 - steal, damage or destroy property belonging to the organisation, its employees or community members
 - work intoxicated or under the influence of controlled or illegal substances
 - bring controlled or illegal substances to the workplace
 - smoke on the service's premises or in its motor vehicles
 - smoke with service users.

Dress Code

Employees and management should:

- dress to comply with workplace health and safety regulations relevant to their work activities



- dress suitably for their position, presenting a clean, neat and tidy appearance always
- wear a uniform (if supplied) and maintain its condition (clean and not torn)
- consult with the manager or program coordinator if unsure of the type of clothing appropriate to their position.

Employees who deliberately breach this dress code may receive disciplinary action.

Dealing with Aggressive Behaviour

Employees are expected to provide high standards of service provision. However, the service does not accept any form of aggressive, threatening or abusive behaviour towards its employees by community members or other employees.

Suppose an employee is unable to calm the person and/or believes the situation places them or other employees in danger. In that case, they should notify the manager or their program coordinator/ supervisor.

All incidents must be reported to the service coordinator/supervisor using the Serious Incident Report Form, and the client must be informed that the behaviour has been reported.

Use of Computers, Telephones and Facsimiles

Unauthorised access and use of confidential information can severely damage the reputation of the service and undermine personal privacy.

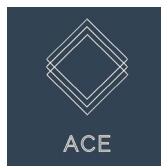
Employees and management should ensure the following:

- Use communication and information devices for officially approved purposes only.
- Use these communication and information devices for limited personal use as long as this use does not interfere with their daily duties.
- Don't share their password/s with another employee or share another employee's password/s.

Use of the Internet and Email

Internet and email are provided to employees and management for genuine work-related purposes.

- Employees and management should:
 - limit personal use to a minimum; the service may monitor the use and call upon employees to explain their use
 - comply with copyright regulations when using the internet or email.
- Employees and management should not:
 - divulge personal or confidential information via the internet or email



- use the internet to access websites or send emails of an explicit sexual nature or in any manner that breaches the Bullying and Harassment Policy and Procedure or Inclusion and Diversity Policy and Procedure.

While the privacy of all employees is respected, emails may be used as evidence if legal action is taken against an employee.

This information may also be used as evidence of a breach of the Code of Conduct, Bullying and Harassment or the Inclusion and Diversity Policies and Procedures.

Treating Others with Respect and Courtesy

All persons associated with this service (clients and their families, employees, students and volunteers, management, residents and businesses, and people from other agencies) have the right to be treated with respect and courtesy.

Employees must always aim to act fairly, in good faith and without bias or prejudice. Employees shall endeavour to ensure that their own prejudices or biases do not lead to discrimination against any individual or interfere with their capacity to carry out their duties according to their position description and this Code of Conduct. When bias or prejudice occurs, staff are expected to consult with their supervisor or coordinator to address the issue.

Employees will recognise the right of all persons to make their own decisions and to work out their own solutions, having due regard for their personal wellbeing. Support may be offered and options suggested, but the final decision is each person's right.

Confidentiality and Privacy

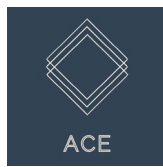
Information about clients, employees, students, volunteers and management will always remain private and confidential.

Information about any client shall remain confidential within the organisation between workers. It shall not be used in any work with that client without the client's explicit permission except in the following circumstances:

- when a client's case file has been subpoenaed under law
- when the consumer has disclosed that they plan to cause harm to themselves
- when the consumer has disclosed that they plan to cause harm to others
- when the consumer has disclosed that they are at risk of harm by another.

These exceptions to confidentiality must be explained to all clients who use the service, especially where discussions relate to illegal activity. In these circumstances, a decision to break confidentiality can only be taken after a discussion with the coordinator.

Information obtained in counselling or casework relationships and research data concerning clients may be communicated only for professional purposes and only to persons legitimately concerned with the case plan upon the consent of the client. A client must also



give consent for staff to access information about them from an external source. The information obtained from a client and used for the purpose of research or service evaluation shall be coded in such a way that the identity of the person remains anonymous.

Securely store personal information provided by a service user or employee. Take reasonable steps to ensure this material is kept secure against:

- loss
- unauthorised access
- use
- modification or disclosure
- misuse

Keep information about all service provisions confidential within the organisation. Do not directly or indirectly disclose information associated with the service to external parties unless authorised by the manager or program supervisor.

Professional Integrity

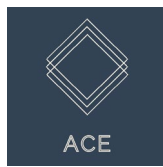
Employees accept that professional responsibility must take precedence over personal aims, needs and views.

Dual relationships:

- Employees must avoid entering therapeutic relationships with people they already have a personal relationship with.
- Employees must avoid entering personal relationships with people they already have a therapeutic relationship with.
- Employees are expected to declare any conflict of interest that may impair professional judgment. It does not result in unfair advantages or disadvantages to themselves, clients, other employees, committee members, organisations, or businesses.
- Suppose a person known personally to an employee becomes a client. In that case, the employee should immediately inform the coordinator or chairperson of the duality of roles and discuss strategies for managing the situation.
- Employees must not have their partners accompany them while undertaking support work. In exceptional circumstances, approval must be obtained from the coordinator or chairperson.

Physical Contact

Physical contact with a client should be guided by the nature of the professional relationship between the worker and the client, with due regard to permission and respect for personal



space. Consideration should be given to the possible impact of the contact on the client and how the client may construe the contact both at the time and in the future.

Sexual Contact

Sexual relationships of any kind between an employee and a client are unacceptable. This includes activities that are initiated by the client as well as any activity of a sexual nature engaged in by a client for the benefit of an employee.

Relationships with Ex-Clients

The standards of conduct outlined in this document apply to any contact with a client who has been a client in the past. Consideration must be given to factors such as:

- the type of relationship
- potential harmful effects on the client and
- the length of time elapsed between the cessation of the professional relationship and the commencement of any non-professional relationship.

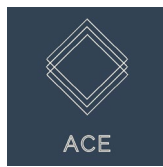
Where there is potential for a relationship with an ex-consumer, it should be discussed with the coordinator to ensure it is appropriate and in line with organisational policy.

Financial Payments

Employees may not receive private fees, gratuities or other remuneration for professional work with persons who are entitled to the staff member's services. Employees may neither give nor receive any remuneration for referring young people to other agencies for professional services.

Gifts

Employees should not give or accept gifts from clients. Employees should inform the coordinator or manager if they receive a gift. Employees must ensure that clients are aware of this policy to help reduce the possibility of misunderstanding.



WORKPLACE HEALTH AND SAFETY POLICY AND PROCEDURE

Policy Statement

The Workplace Health and Safety Policy at ACE aims to ensure the safety, wellbeing and protection of our clients is the paramount consideration in all decisions staff make and is managed in accordance with professional standards, community expectations and legal requirements.

Scope

This policy applies to clients, staff, management, medical professionals and visitors of ACE.

Background

ACE appreciates the safety, dignity and wellbeing of everyone in our care is paramount to our core values and objectives. We also acknowledge that as far as reasonably practicable, we are responsible and accountable for the safety of all clients as well as anyone who is attending, visiting or providing services to ACE.

Legislative Requirements

The below reference to legislation was current at time of policy creation. Any person relying on this policy is advised to check for any amendments or updates to the legislation listed and follow only the most recent legislated guidelines.

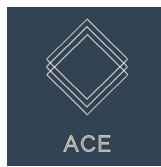
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011

Principles that Inform Our Policy

- All decision-making about our *Workplace Health and Safety Procedure* is carried out in accordance with the principles of our Workplace Health and Safety Policy.
- ACE respects that a duty under the Act and legislation cannot be transferred to another entity or person.
- This policy is to be read in conjunction with the Management of Risks and Hazards Policy and Procedure as it provides further guidance on our approach to managing risk and hazards at ACE.

Key Terms

Term	Meaning	Source
Workplace	The location where someone works for their employer or themselves, a place of employment. Such a place can range from a home office to a large office building or factory. For industrialised societies, the	Wikipedia



	<p>workplace is one of the most important social spaces other than the home, constituting “a central concept for several entities: the worker and [their] family, the employing organisation, the customers of the organisation, and the society as a whole”. New communication technologies have led to the development of the virtual workplace and remote work.</p>	
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Links to other Policies and Documents

- Emergency Management Plan
- Hazard Report Form
- Risk Management Policy and Procedures
- Incident, Injury, Illness and Trauma Policy and Procedures
- Duty of Care Policy and Procedures
- Staff Health and Wellbeing Policy and Procedures

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the *Workplace Health and Safety Policy* to enable staff to fulfil their roles effectively. In addition, ACE promotes information sharing at staff meetings, sharing of information received from industry trends or changes in legislation, and in consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented July 2022		December 2022

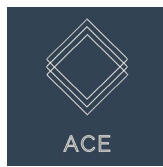
Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative Management of ACE will conduct reviews in consultation with educators at staff meetings.

Workplace Health and Safety Procedure

Management will ensure the following:

- Regularly consult with the team wherever practical on all WHS issues and regulatory or workplace changes that may affect their workplace.
- Be proactive in identifying any potential hazards or risks and implement control measures.



- Ensure ACE complies with all State guidelines and regulatory requirements in relation to WHS.
- Attend any professional training or leadership workshops related to WHS to ensure staff are aware and informed of industry changes and trends.
- Regularly review emergency and risk management practices.
- Investigate incidents to prevent any reoccurrence and implement the change required.
- Provide WHS training and information for all staff.
- Provide and maintain safe resources and residential rooms, facilities and equipment.
- Support staff by providing wellness support staff to ensure mental health is supported as well as physical.

In relation to managing accidents, all staff will refer to the following:

- Incident, Injury, Illness and Trauma Policy and Procedure
- Incident, Injury, Illness and Trauma Record
- Serious Incident Report Form
- Management of Risks and Hazards Policy and Procedure
- Hazard Report Form
- Emergency Management Plan

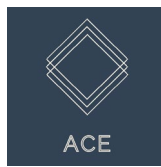
In relation to medical emergencies, all staff will refer to the following:

- Infection Control Policy and Procedure
- Administration of Medication Policy and Procedure
- Medication Administration Log
- Medication Authority Form
- Referral Form
- Incident, Injury, Illness and Trauma Record
- Incident, Injury, Illness and Trauma Policy and Procedure

In relation to chemical spills/toxic emissions, all staff will follow the steps below:

In the event of a significant event (such as an explosion, rolled tanker, etc.):

- If they witness the event, contact manager or coordinator, who will notify the police.
- Move everyone inside immediately, utilising rooms/buildings furthest away from the incident.
- Close all external doors and windows.
- Ensure air conditioners are turned off.



- Any naked flames (if in kitchens or science areas) are turned off upon exit.
- Await all clear or further instructions from authorities.
- Only evacuate premises if advised to by police or emergency workers.

In the event of a minor event (such as a garden/cleaning incident or workshop incident):

- Move everyone to a safe area.
- Check if anyone is injured or needs medical attention.
- Staff not attending to clients to use protective clothing to clean spills.
- When the manager or coordinator is satisfied the area is secure and clean staff can return clients to normal activities.
- Record the incident on a Hazard Report Form.

In relation to a natural disaster, all staff will ensure the following:

In the event of an earthquake:

If an earthquake occurs whilst inside:

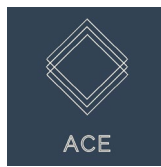
- Stay inside and ensure you remain in your current location.
- Do not move around the premises, separate clients if in a group location or attempt to leave the building.
- Instruct clients (if able) and staff to get under tables, benches or stand in internal door frames.
- Keep everyone away from windows, shelves and overhead fittings.

If an earthquake occurs whilst outside:

- Keep clients and staff clear of buildings, retainer/garden walls, power lines, trees and anything else that may fall and cause injury or hazard.
- Do not separate any group.

After the earthquake:

- Check everyone for any injuries and administer first aid.
- Do not move seriously injured clients or staff unless you believe they are in imminent danger.
- If able, turn off electricity, gas and water.
- If inside, evacuate everybody outside, away from buildings, trees and power lines by the safest route. Refer to ACE's "Evacuation Procedure".
- Contact the Residential Manager or Care Coordinator by mobile phone.
- Follow any advice or instruction given by local authorities or emergency crew.
- Be on alert for aftershocks. Never re-enter buildings even if there is no visible damage until declared safe to do so by emergency authorities.



- If the building is damaged and needs to be closed – arrange alternate care for clients.

In the event of a flood:

Staff are required to be aware of previous flood levels and stay informed about potential flood threats.

If sufficient warning is received, ensure the following:

- Next of kin/family of clients will be contacted to assist with alternate care within the hour. If unable to be cared for by family in the short term, or if medical assistance is required, ACE will source alternate accommodation.
- If roads to the service are already flooded, ACE will arrange accommodation for those stranded.
- Early release will be arranged for employees who are at risk of being cut off from accessing homes or have properties threatened.
- Ensure electricity and gas are turned off prior to final evacuation.
- If time allows and it is safe to do so, move what you can to higher points:
- Stack furniture and books above likely flood levels with electrical equipment on top.
- B. At no time should equipment or resources take priority over the safety and wellbeing of clients, staff or volunteers.

If no warning is received or insufficient time is given to evacuate:

- Safety of all at ACE is priority. No time should be spent on collecting items, stacking items, turning off utilities, or calling family members. Emergency medical bag/first aid kit should be taken only.
- If time allows, the service will be evacuated immediately, and buses will take clients to the closest high safety zone previously identified. In the case of ACE, this is Mary Community Hall on Clearview Avenue. For those requiring medical assistance, ambulances will be called.
- If evacuation is not possible by bus option, move clients immediately to the highest point in the service, that being the Wellbeing Garden.
- Remain tuned in to a radio/phone line to SES and follow the advice given.

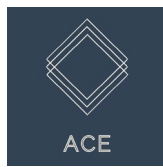
After the flood:

- If ACE is closed for an extended period of time, arrange alternate care for clients.

In relation to an invacuation (lockdown), all staff will follow the procedures below:

Staff are to immediately ensure the following:

- Speak to the manager or coordinator immediately by phone call.
- Remain with clients and keep everyone as calm as possible.
- Keep everyone away from windows and doors.
- Secure all doors.

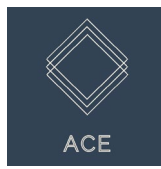


- Instruct anyone with a mobile phone to put it on silent and non-vibrate.
- If outside, relocate clients to the closest inside the secure area.
- If on an external outing, do not return to ACE. Relocate clients to the St. Mary Community Hall.
- Remain in the secure area until further instruction from authorities or on advice that the threat has passed.

In relation to a bomb threat, all staff will ensure the following:

If received by phone:

- Stay calm.
- Keep the caller talking.
- Hold up four fingers to alert other staff of the nature of the call.
- Other staff must immediately move away from any window and use mobile phones to call the Manager or Coordinator, who will notify the police. If neither can be reached, they must call the police direct.
- If able, write down as much as possible about the conversation with the caller.
- Keep talking until you receive further instructions from authorities or the caller hangs up.
- Evacuate when directed.



DUTY OF CARE POLICY AND PROCEDURE

Policy Statement

The purpose of the Duty of Care Policy at ACE is to ensure our organisation understands the non-delegable duty of care obligations that all staff at ACE owe to our clients and any person who may visit and use the organisation's premises. In addition, the policy serves to ensure all staff at ACE behave in a manner that does not compromise these legal obligations.

Scope

This policy applies to clients, families, auxiliary staff, management, contractors, visiting Medical and Allied Health professionals and visitors.

Background

At ACE, our clients' safety, dignity and wellbeing are paramount to our core values and objectives.

Our mission is "to provide exceptional care, accommodation and support services so that our valued residents enjoy the quality of life they deserve, where individual needs are met to enable everyone to maintain optimum levels of physical, social and emotional wellbeing."

We also acknowledge that as far as reasonably practicable, we are responsible and accountable for the safety of all clients while they are in our care, as well as anyone who is attending, visiting or providing services to one of our residential facilities.

Legislative Requirements

The below reference to legislation was current at time of policy creation. Any person relying on this policy is advised to check for any amendments or updates to the legislation listed and follow only the most recent legislated guidelines.

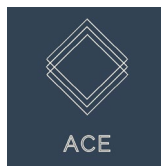
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2017
- Disability Discrimination Act 1992
- Racial Discrimination Act 1975
- Sex Discrimination Act 1884
- Australian Human Rights Commission Act 1986

Principles that Inform Our Policy

All decision-making about our Duty of Care Procedure is carried out in accordance with the principles of our

Duty of Care Policy:

- We understand that activities involve different levels of risk.
- Particular care may need to be taken to support clients with additional needs.



- It is imperative that the facilities premises are kept in good repair and free from hazards. The organisation will take any reasonable measure to reduce the risk to all stakeholders.
- Everyone is encouraged to speak about the care or concerns regarding the safety or wellbeing of self or others.
- We acknowledge that, as our duty of care is non-delegable, we are also required to take reasonable steps to reduce the risk of reasonably foreseeable harm when external providers have been engaged to plan for or conduct an activity involving our clients.

Key Terms

Term	Meaning	Source
Non-delegable	Of a power, that it cannot be assigned or transferred to another to be performed.	Your Dictionary

Links to other Policies and Documents

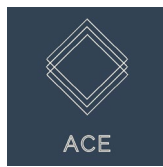
- Inclusion and Diversity Policy and Procedure
- Choice and Independence Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Infection Control Policy and Procedure
- Incident, Injury, Trauma and Illness Policy and Procedure
- Workplace Health and Safety Policy and Procedure
- Emergency Health Care Policy and Procedure
- Health and Nutrition Policy and Procedure

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the Duty of Care Policy to enable staff to fulfil their roles effectively. In addition, ACE promotes information sharing at staff meetings, sharing information received from industry trends or changes in legislation, and in consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented October 2022		October 2022



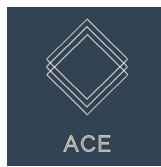
Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.

Duty of Care Procedure

Management will ensure the following:

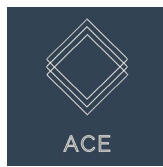
- Take reasonable steps to minimise the risk of reasonably foreseeable harm, including:
 - ensuring the facility complies with community services policies and legislation
 - provision of suitable and safe premises
 - provision of an adequate system of supervision
 - implementation of strategies to prevent bullying and harassment
 - ensuring that medical assistance is provided to sick or injured clients and staff
 - managing employee recruitment, conduct and performance.
- Inform all staff of their Duty of Care as part of ACE's Induction Program and ongoing Professional Development.
- Ensure 'Duty of Care' will be an agenda item at staff meetings.
- Ensure staff complete a risk assessment, including duty of care, when completing planning for excursions, special events and incursions.
- Ensure staff review the Wellness and Support Policy annually.
- Be responsible for making and administering supervision arrangements as necessary according to the circumstances and ensure staff are responsible for carrying out their assigned supervisory duties so that clients are protected from injury as far as can be reasonably expected.
- Develop procedures to manage common risks in the facilities environment, including:
 - first aid
 - grounds maintenance
 - ICT protection
 - emergency management
 - volunteers/visitors
 - mandatory reporting
 - workplace health and safety
 - air contaminants
 - chemical spills
 - dust



- waste.

Staff will ensure the following:

- Protect clients and visitors from reasonably foreseeable harm as a concurrent duty of care.
- Respect and agree that their duty of care is not confined to the facility's geographic area, activities, or activities occurring outside the facility where a client is acting on a staff member's instructions.
- Don't give advice on matters they are not professionally competent to give (negligent advice). Refer to relevant stakeholders to deal with any matters outside the scope of your role. For example, Support groups – to debrief and discuss fears and anxieties with others.
- Use the phone to contact a supervisor in case of an emergency or if help is required.
- Be aware that an incursion with an external provider does not absolve supervision duties of the staff, including first aid duties.



PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE

Policy Statement

The purpose of the *Privacy and Confidentiality Policy* is to ensure the safety, well-being and protection of our clients at ACE is the paramount consideration in all decisions staff at this service make about confidentiality. It also ensures that confidentiality and privacy are managed according to professional standards, community expectations and legal requirements.

Scope

This policy applies to residents, staff, management, medical professionals and visitors of ACE.

Background

The establishment of trust between clients and staff is an essential part of the ethos of our service. Everyone needs to know the boundaries of confidentiality to feel safe and comfortable discussing personal issues and concerns.

Our attitude to confidentiality and privacy is open and easily understood and everyone should be able to trust the boundaries of confidentiality operating within the service. This policy provides guidance on our legal obligations and ethical expectations in relation to privacy and confidentiality.

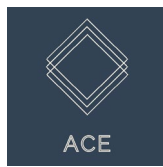
We hold two types of information covered by this policy, personal and organisational information.

Legislative Requirements

- Information Privacy Act 2014
- Privacy Act 1988
- National Framework for Alcohol, Tobacco and Other Drug treatment 2019-2029
- National Quality Framework for Drug and Alcohol Treatment Services
- Severe Substance Dependence Treatment Act 2010
- Drugs, Poisons and Controlled Substances Act 1981
- Mental Health Act 2014
- Children, Youth and Families Act 2005.

Principles that Inform Our Policy

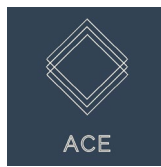
- All decision making about our privacy and confidentiality procedure is carried out in accordance with the principles of our *Privacy and Confidentiality Policy*.
- We are committed to ensuring that information is used in an ethical and responsible manner.
- We recognise the need to be consistent, cautious and thorough in the way that information about clients, stakeholders, staff, Board members, students and volunteers are recorded, stored and managed.



- All individuals, including clients, stakeholders, staff, Board members, students and volunteers, have legislated rights to privacy of personal information.
- In circumstances where the right to privacy may be overridden by other considerations (for example, child protection concerns), staff act in accordance with the relevant policy and/or legal framework.
- All staff, Board members, students and volunteers are to have an appropriate level of understanding about how to meet the organisation’s legal and ethical obligations to ensure privacy and confidentiality.

Key Terms

Term	Meaning	Source
Confidentiality	The non-disclosure of information, particularly related to the patient, except to another authorised person. It is seen as the patient’s right and is enshrined in Article 8 of the European Convention on Human Rights.	The legal dictionary
Consent	Voluntary agreement to some act, practice or purpose. Consent has two elements: knowledge of the matter agreed to and voluntary agreement.	Australian Law Reform Commission
Individual	A natural person; any person such as a service user, staff member, board member, volunteer, student, contractor or a member of the public.	Law Insider Dictionary
Personal information	Personal information means information or an opinion (including information or an opinion forming part of a database) about an individual (Office of the Federal Privacy Commissioner, 2001). It may include information such as names, addresses, bank account details and health conditions. The use of personal information is guided by the Privacy Act 1988 (Cth).	Privacy Act 1988
Privacy provisions	Privacy provisions of the Privacy Act 1988 (Cth) govern the collection, protection and disclosure of personal information provided to us by service users, board members, staff, volunteers, students and stakeholders.	Privacy Act 1988



Links to other Policies and Documents

- Child Safeguarding Policy
- Code of Conduct
- Complaints Policy and Procedures
- Record Keeping Policy and Procedures
- Staff Management and Professional Development Policy and Procedures
- Service User Rights Policy

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the *Privacy and Confidentiality Policy* to enable staff to fulfil their roles effectively. In addition, ACE promotes information sharing at staff meetings, sharing of information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented September 2022	New policy	September 2023

Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative Management of ACE will conduct reviews in consultation with educators at staff meetings.

Privacy and Confidentiality Procedure

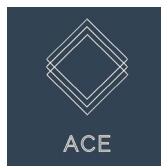
The privacy of personal information is defined by legislation, Privacy Act 1988 (Cth). At all times, we act according to these legal requirements underpinned by the procedures outlined below.

We also strive to respect the confidentiality of other sensitive information. However, in the spirit of partnership, we share information with service users and other involved individuals and organisations (subject to consent) where it would be in the best interest of the service user, or other individuals, to do so.

Collection of Information

Personal information collected by us is only for purposes which are directly related to the functions or activities of the organisation. These purposes include:

- enquiry about programs
- referral to programs



- providing treatment and support to service users
- administrative activities, including human resources management
- sector development activities
- community development activities
- fundraising
- complaint handling.

For more detailed information about these purposes and the information handling practices that apply, refer to the File Management Policy, Human Resources Management Policy and Complaints Policy and Procedure.

- We provide information to service users on collecting health and personal information, including:
 - purpose of collecting information
 - how the information will be used
 - who information may be transferred to (if anyone), and under what circumstances will information be transferred
 - limits to the privacy of personal information
 - how a service user can access or amend their health information
 - how a service user can make a complaint about the use of their personal information.

See also Consumer Needs Policy and Procedures and Consent to Collect and Share information Form.

Use and Disclosure

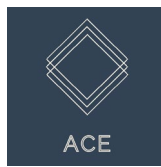
We only use personal information for the purposes for which it was given or for purposes which are directly related to one of the functions or activities of the organisation.

It may be provided to government agencies, other organisations, or individuals if:

- the individual has consented
- it is required or authorised by law
- it will prevent or lessen a serious and imminent threat to somebody's life or health.
- Further information regarding the use and disclosure of service user information can be found in the File Management Policy, Child Protection Policy and Suicide and Self-Harm Policy.

Data Quality

We take steps to ensure that the personal information collected is accurate, up-to-date and complete. These steps include maintaining and updating personal information when individuals advise us that it has changed (and at other times as necessary) and checking that information provided about an individual by another person is correct.



All patient notes must be kept in chronological order, with the most recent notes at the front of the file. These notes must be concise, clear and legible.

Data Security

We take steps to protect the personal information held against loss, unauthorised access, use, modification or disclosure and against other misuses.

These steps include reasonable physical, technical and administrative security safeguards for the electronic and hard copies of paper records, as identified below.

Reasonable physical safeguards include:

- locking filing cabinets and unattended storage areas
- physically securing the areas in which the personal information is stored
- not storing personal information in public areas
- positioning computer terminals and fax machines so that they cannot be seen or accessed by unauthorised people or members of the public.

Reasonable technical safeguards include:

- using passwords to restrict computer access and requiring regular changes to passwords
- establishing different access levels so that not all staff can view all information
- ensuring information is transferred securely (for example, not transmitting health information via non-secure email)
- using electronic audit trails
- installing virus protection and firewalls.

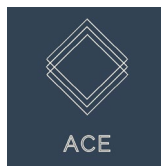
Reasonable administrative safeguards include the existence of policies and procedures for guidance and training to ensure staff, board members, students, and volunteers are competent in this area.

Access and Correction

Individuals may request access to personal information held about them. Access will be provided unless there is a sound reason under the Privacy Act 1988 or other relevant law. Other situations in which access to information may be withheld include the following:

- There is a threat to the life or health of an individual.
- Access to information creates an unreasonable impact on the privacy of others.
- The request is clearly frivolous or vexatious or access to the information has been granted previously.
- There is an existing or anticipated legal dispute resolution proceedings.
- Denial of access is required by legislation or law enforcement agencies.

We are required to respond to a request to access or amend the information within 45 days of receiving the request.



Amendments may be made to personal information to ensure it is accurate, relevant, up-to-date, complete and not misleading, taking into account the purpose for which the information is collected and used. If the request to amend information does not meet these criteria, We may refuse the request.

If the requested changes to personal information are not made, the individual may make a statement about the requested changes, which will be attached to the record.

More information can be found in the File Access Procedure.

The manager is responsible for responding to queries and requests for access and/or amendment to personal information.

Anonymity and Identifiers

Wherever it is lawful and practicable, individuals will have the option of not identifying themselves or requesting that we do not store any of their personal information.

As required by the Privacy Act 1988, we will not adopt a government-assigned individual identifier number, e.g., Medicare number, as if it were its own identifier/client code.

Collection Use, and Disclosure of Confidential Information

Other information we hold may be confidential, pertaining either to an individual or an organisation. The most important factor to consider when determining whether the information is confidential is whether the general public can access the information.

Staff members are to refer to the Community Centre Manager before transferring or providing information to an external source if they are unsure if the information is sensitive or confidential to us, its service users, staff and stakeholders.

1. Collection use, and disclosure of confidential information

All staff, board members, students and volunteers agree to adhere to the Code of Conduct when commencing employment, involvement or a placement.

The Code of Conduct outlines the responsibilities of the organisation related to the use of information obtained through their employment/involvement/placement.

The Code of Conduct states that individuals will:

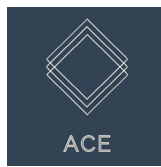
- Use information obtained through their involvement, employment or placement only to carry out their duties and not for financial or other benefit or to take advantage of another person or organisation.

2. Staff information

The Human Resources Management Policy details how the organisation handles staff records to manage privacy and confidentiality responsibilities, including storing and accessing staff personnel files and the storage of unsuccessful position applicants' information.

3. Stakeholder information

We work with a variety of stakeholders, including private consultants. The organisation may collect confidential or sensitive information about its stakeholders as part of a working relationship.



Staff will not disclose information about its stakeholders that is not already in the public domain without stakeholder consent.

The manner in which staff members manage stakeholder information will be clearly articulated in any contractual agreements that the organisation enters into with a third party.

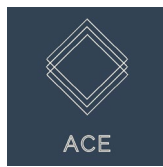
4. Service user information

Detailed information regarding the collection, use and disclosure of service user information can be found in the File Management Policy and associated procedures.

5. Breach of privacy or confidentiality

If staff are dissatisfied with the conduct of a colleague with regard to privacy and confidentiality of information, the matter should be raised with the staff member's direct supervisor. If this is not possible or appropriate, follow the delegations indicated in the Complaints Policy and Procedures. Staff members who are deemed to have breached privacy and confidentiality standards set out in this policy may be subject to disciplinary action.

If a service user or stakeholder is dissatisfied with the conduct of a staff member, a complaint should be raised as per the Complaints Policy and Procedures. Information on making a complaint will be made available to service users and stakeholders. Additionally, any staff member can take a complaint over the phone.



ASSESSMENT POLICY AND PROCEDURES

Policy Statement

The purpose of the Assessment Policy is to ensure the services and support offered and provided by ACE are based on the accurate and systematically collected information. Assessment is a holistic process that informs staff of our client's health, safety, experiences and needs. The intent of an assessment is targeted, depending on what is happening for the client and family.

Scope

This policy applies to residents, staff, management, medical professionals and visitors of ACE.

Background

The establishment of trust between clients and staff is an essential part of the ethos of our service. Clients have reached out or been referred to ACE in a hope of finding support, advice and assistance. An initial assessment of each client contributes to the quality and effectiveness of our programs, policies and services by ensuring that they are relevant, practical, credible and appropriate to the client's particular needs. By doing so, we begin to build positive relationships between both the organisation and client and demonstrate we respect their needs and aim to find the best means of support available to them.

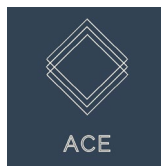
Legislative Requirements

- Information Privacy Act 2014
- Privacy Act 1988
- National Framework for Alcohol, Tobacco and Other Drug treatment 2019-2029
- National Quality Framework for Drug and Alcohol Treatment Services
- Severe Substance Dependence Treatment Act 2010
- Drugs, Poisons and Controlled Substances Act 1981
- Mental Health Act 2014
- Children, Youth and Families Act 2005.

Principles that Inform Our Policy

All decision-making about our Assessment Procedure is conducted in accordance with the principles of our Assessment Policy.

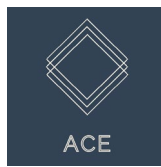
- We are committed to ensuring that personal information is used in an ethical and responsible manner.
- We recognise the need to be consistent, cautious and thorough in how information about clients is recorded and managed.



- Different types of assessments are conducted at ACE depending on the client’s needs and situation.
- Assessments guide staff in decisions related to any required referral to a practitioner or specialist.
- A practitioner or specialist may be required to make further assessments of a client.
- To ensure the conciseness and integrity of assessments, it is vital for all stakeholders supporting a client to share information and be involved in decision-making.
- An Interagency Case Discussion (ICD) meeting can enable those supporting a client to share expertise and important, current information

Key Terms

Term	Meaning	Source
Strengths-Based Approach	<p>The strengths-based approach to social work focuses on a client’s personal, relational, and community assets rather than their deficits.</p> <p>It is a holistic, collaborative approach concerned with identifying a client’s inner and outer resources to promote resilience.</p>	<p>https://positivepsychology.com/social-work-strength-based-approach/</p>
Practitioner	<p>A person actively engaged in an art, discipline, or profession, especially medicine.</p>	Oxford Dictionary
Clinical	<p>Pertaining to a clinic.</p> <p>Concerned with or based on actual observation and treatment of disease in patients rather than experimentation or theory.</p>	ww.dictionary.com
Personal information	<p>Personal information means information or an opinion (including information or an opinion forming part of a database) about an individual (Office of the Federal Privacy Commissioner, 2001). It may include information such as names, addresses, bank account details and health conditions. The use of</p>	Privacy Act 1988



	personal information is guided by the Privacy Act 1988 (Cth).	
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Links to other Policies and Documents

- Child Safeguarding Policy and Procedures
- Intervention and Behaviour Support Policy and Procedures
- Record Keeping Policy and Procedures
- Domestic and Family Violence Policy and Procedures
- Planning Policy and Procedures
- Referral Policy and Procedures
- Dependence and Addiction Policy and Procedures

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the *Assessment Policy* to enable staff to fulfil their roles effectively. In addition, ACE promotes information sharing at staff meetings, sharing of information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented January 2024	New policy	January 2025

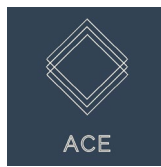
Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative Management of ACE will conduct reviews in consultation with educators at staff meetings.

Assessment Procedure

Before conducting an assessment, ACE staff must ensure the following:

- Make sure the client/carer/family has received information relating to the intended observations and assessments and appropriate verbal consent is given (as applicable).
- Conduct a client identification and matching procedure as required.
- Offer the presence of a chaperone where appropriate.



- Consider and respect the individual needs of the client (i.e. cultural/language/preferences) and provide the opportunity for an accredited interpreter or translator and/ or Aboriginal Liaison.
- Conduct assessments in a private space or as otherwise requested by the client.
- Outline the assessment process before commencing.
- Explain the client's rights and responsibilities.
- Obtain consent which must be documented before collecting any personal information.
- Follow a strengths-based approach.
- Take notes using a black pen.
- Notes must be stored following ACE's Record Keeping Policy and Procedure requirements.
- Respect privacy and confidentiality.

The privacy of personal information is defined by legislation, Privacy Act 1988 (Cth). At all times, we act according to these legal requirements underpinned by the procedures outlined below.

We also strive to respect the confidentiality of other sensitive information. However, in the spirit of partnership, we share information with service users and other involved individuals and organisations (subject to consent) where it would be in the best interest of the service user or other individuals to do so.

Collection of Information

Personal information collected by us is only for purposes which are directly related to the functions or activities of the organisation. These purposes include:

- enquiry about programs
- referral to programs
- providing treatment and support to service users
- administrative activities, including human resources management.

Types of Assessment

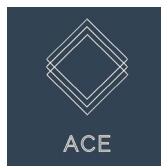
Clinical Assessment

A clinical assessment is required if there are concerning observations or obvious immediate needs in relation to physiological (vital signs), neurovascular, neurological, and overall health.

A clinical assessment should be considered in conjunction with patient history, medications, current presentation and current interventions, treatments and therapies.

The physical condition of the patient needs to be taken into consideration when undertaking observations, including but not limited to:

- visual appearance, e.g. general appearance, skin colour, tissue turgor, skin temperature, sweating, grimace, guarding, posture, etc.



- behavioural signs, e.g. cognitive impairment, confusion, crying, incomprehensible noises, and inappropriate actions.

Safety Assessment

The safety assessment helps ACE determine the immediate safety needs of the client and if they may safely remain in the home, with or without a safety plan in place.

Safety could be related to their physical safety, mental wellbeing, ability to be given the required health care, and not seen as a risk to self.

Risk Assessment

Practitioners must complete a risk assessment within 30 days of completing a safety assessment. This estimates the likelihood and depth of future involvement. It assists ACE staff in determining which cases should be continued for ongoing services and which may be closed due to a referral to another agency or specialist.

The risk assessment requires consideration of:

- the client's prior history
- the pattern of behaviour
- the client's support network
- the client's resistance and prior strengths when managing mental health, drug abuse or domestic violence
- analysis of the effectiveness of previous casework the client has experienced
- if related to child abuse, whether interventions put in place increased safety for the child, and whether or not they were culturally appropriate
- the clients' families' attitudes to any current abuse or neglect concerns or health issues.

Family Support Assessment

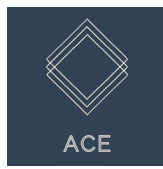
Family support assessments determine the level of support and care provided in a client's home by their carer, parent, guardian or other family members. From an assessment, plans are developed in partnership with clients and their support network to address concerns and worries for the client. ACE staff support clients, parents and carers to take ownership of the changes needed.

Support may be concerning hygiene, budgeting, health care, child care or counselling. The focus of an Action Plan developed following an assessment is to influence change until the risk level comes down.

Needs Assessment

Assessments can also be conducted on the organisation itself rather than the client. For best practice and to ensure continuous improvement, ACE regularly undergoes an assessment of its operations and internal/external resources.

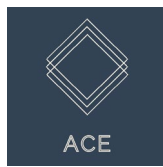
A needs assessment is useful to plan new work; for example, to determine what should be delivered in a geographic region or with a particular population group.



Needs change over time, so it is necessary that programs, policies and services remain flexible and adaptable.

A needs assessment can, therefore, also assess whether current programs or services are still adequate and relevant.

Needs assessments are often done informally. For example, several clients might present with similar issues that are not met by the current services offered at ACE. A gap in service delivery may be observed, or a new client group becomes known.



CUSTOMER COMPLAINTS POLICY AND PROCEDURE

Policy Statement

The purpose of the Customer Complaint Policy is to ensure that any persons utilising ACE services have the right to lodge a complaint and have their concerns addressed to ensure access, equality, fairness, accountability and transparency.

Scope

This policy applies to patients, families, staff, management and visitors to the service.

Background

Establishing trust between patients and staff is an essential part of the ethos of our service. Everyone needs to know the boundaries of confidentiality to feel safe and comfortable discussing personal issues and concerns.

Our attitude to customer complaints is that it enables our organisation to grow and evolve its service. ACE is committed to listening to all complaints, discussing solutions, acting in a timely manner and following up.

Legislative Requirements

- Competition and Consumer Act 2010
- Information Privacy Act 2009
- Public Records Act 2002.

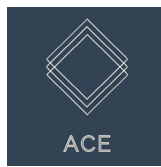
Principles that Inform Our Policy

All decision-making about complaint handling is carried out in accordance with the principles of our Customer Complaint Policy.

- ACE is committed to ensuring that complaints are addressed in a responsive manner.
- All stakeholders have the right to lodge a complaint.
- Complaints will be treated with respect and confidentiality.
- Complaints are managed in an objective and impartial manner.

Key Terms

Term	Meaning	Source
Complainant	A person or organisation providing feedback regarding dissatisfaction	The legal dictionary



Internal Reviewer	An impartial senior officer of an equal or higher level than the original Complaint Decision Maker who undertakes a review of the complaints process and outcome	www.ombudsman.com.au
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Links to other Policies and Documents

- Continuous Improvement Policy and Procedures
- Privacy and Confidentiality Policy and Procedures
- Customer Service Policy and Procedures
- Communication Policy and Procedures

Induction and Ongoing Training

ACE ensures that induction and ongoing training of all staff include the Customer Complaint Policy to enable staff to fulfil their roles effectively. In addition, we promote information sharing at staff meetings, sharing information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented January 2023		January 2024

Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.

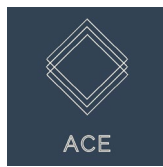
Customer Complaint Procedure

Any individual wishing to make a complaint may do so in writing or in person to a ACE staff member.

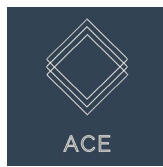
Complaint Management

The internal reviewer responsible for managing a complaint will ensure the following:

- Register the complaint using the ACE complaint register.
- Inform the complainant that their concern has been received and provide them with details of the process followed when investigating their complaint.
- Ensure complaints are examined within ten business days of the complaint being filed.
- Issue a letter to the complainant within 15 business days outlining what is being done to investigate and resolve the issue and the time frame anticipated for a full resolution.



- Advise the resolution of the complaint will be within 20 business days of the first lodgment of the complaint.
- Facilitate queries regarding the outcome of the complaint.
- Maintain detailed notes of the complainant and complaint, dates, action, resolution and the complainant's response.
- Keep copies of all correspondence relating to the complaint on file for seven years.



DEPENDENCE AND ADDICTION POLICY AND PROCEDURES

Policy Statement

All people contacting ACE support (hereby referred to as “service users”) will receive some level of appropriate intervention. When responding to and managing requests for support, we want service users to be confident that their needs and issues have been understood, and that the decisions made about their eligibility and the allocation of services are consistent, fair and in line with the requirements outlined in our service agreements.

All efforts will be made to support that person’s immediate needs (particularly their safety needs) within the parameters of the funded program. Although ACE is not contracted to deliver a crisis response, the Dependence and Addiction (D&A) Team will give any service user information regarding their options and can refer to other services that may meet their needs.

ACE takes the safety and wellbeing of service users, staff, and the community seriously and has policies and strategies to prevent and manage challenging behaviour. This includes recognising that many factors can influence behaviour, such as trauma, physical or mental health challenges, developmental stages, and substance use.

ACE staff members are trained to understand and respond to challenging behaviour, including de-escalation techniques. They also prioritise a trauma-informed approach, recognising that individuals who have experienced trauma and use substances may have more emotional responses in situations that make them feel unsafe, which can result in challenging behaviour.

ACE creates safe spaces for service users by providing support, understanding, and respect for their rights and responsibilities. It seeks to manage challenging behaviour in the least restrictive way possible. When a decision is made that restricts a person’s human rights, ACE ensures that there is a valid purpose for the decision and it is reasonable and justifiable.

ACE will provide staff members to have opportunities for professional development and upskilling in managing challenging behaviours, trauma-informed responsiveness, harm reduction and minimisation and debriefing, which can be accessed through line management, supervision, and the Employee Assistance Program.

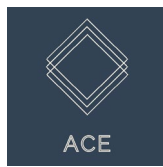
Scope

This policy applies to all staff, volunteers and service users of ACE and covers service delivery across all ACE service sites, including when workers are providing support to service users in the community.

Background

The intended result of service delivery in ACE D&A is capacity building: providing service users with information, support and advocacy to address issues relating to dependency, addiction and disadvantage. This is delivered within a strength-based, trauma-informed, social justice framework. Staff will maintain a non-judgmental, unconditional positive regard for all people at all times. It is important to have clear, written procedures for responding to requests for support. The Dependence and Addiction policy area helps to ensure that:

- people wishing to access the D&A team are treated fairly and equitably



- decisions to provide services are made objectively
- the requirements of the funding body are met.

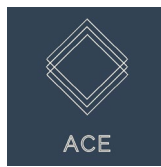
Legislative Requirements

- Australian Charities and Not-for-profits Commission Act 2012 and Australian Charities and Not-for-profits Commission Regulation 2013
- Children and Community Services Act 2004 and Community Services Regulation 2008
- Racial Discrimination Act 1975
- Charities Act 2013
- Crime and Misconduct Act 2001
- Crimes Act 1958
- Corporations Act 2001
- Privacy Act 1988
- Work Health and Safety Act 2011
- Child Protection Act 1999
- Human Rights Act 2019
- Privacy Amendment (enhancing the Privacy Protection Act) 2012 (Jul 2022)

Principles that Inform Our Policy

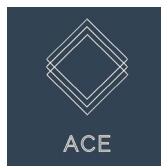
All decisions regarding the allocation of support are made in accordance with our Dependence and Addiction Policy.

- We are dedicated to ensuring that allocations of support are handled in an ethical and responsible manner.
- We acknowledge the importance of being consistent, cautious, and thorough in the support provided to service users and that documentation regarding the service user interactions, including case notes, are recorded, stored, and managed in a confidential and ethical manner.
- All parties involved, including Service users, stakeholders, staff, board members, students, and volunteers, have legally protected rights to the privacy of their personal information.
- In cases where the right to privacy may need to be overridden for other reasons (such as child protection concerns), all staff will act in accordance with relevant policies and legal frameworks.
- All staff, board members, students, and volunteers must have an appropriate level of understanding about how to fulfil the organisation's legal and ethical obligations for managing dependence and addiction support.

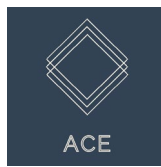


Key Terms

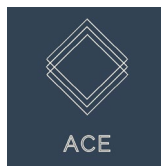
Term	Meaning	Source
Confidentiality	The non-disclosure of information, particularly related to the Service user, except to another authorised person. It is seen as the Service user's right and is enshrined in Article 8 of the European Convention on Human Rights.	The legal dictionary
Consent	Voluntary agreement to some act, practice or purpose. Consent has two elements: knowledge of the matter agreed to and voluntary agreement.	Australian Law Reform Commission
Individual	A natural person; any person such as a service user, staff member, board member, volunteer, student, contractor or a member of the public.	Law Insider Dictionary
Personal Information	Personal information means information or an opinion (including information or an opinion forming part of a database) about an individual (Office of the Federal Privacy Commissioner, 2001). It may include information such as names, addresses, bank account details and health conditions. The use of personal information is guided by the Privacy Act 1988 (Cth).	Privacy Act 1988
Human Rights	Human rights are the basic rights and freedoms that belong to every person in the world, from birth until death	United Nations
Challenging Behaviour	Challenging behaviour means a persistent pattern of behaviours that inhibit the individual's functioning in public places, in the facility and integration within the community, or uncontrolled symptoms of a physical or mental condition. These behaviours may have been present for extended periods of time or have manifested as an acute onset	Law Insider Dictionary



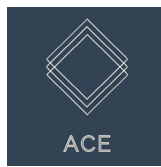
Term	Meaning	Source
Two-worker Model	Where there are safety concerns for staff working with a person one to one, a two-worker model will be implemented and all support and face to face contact with the person requires two staff members to be present.	Safe Work Australia
Trauma	<p>Trauma is a response to an experience of violence and/or victimisation (either witnessed or actual) that overwhelms an individual's ability to cope, causing feelings of helplessness, and diminishes one's sense of self and ability to feel the full range of emotions and experiences.</p> <p>Examples of traumatic experiences or events include (but are not limited to) sexual abuse, physical abuse, severe neglect, domestic violence and/ or witnessing violence.</p>	
Trauma-informed Care	Trauma-informed care is a framework for human service delivery that is based on knowledge and understanding of how trauma affects people's lives, their service needs and service usage.	Australian Institute of Family Studies (AIFS)
Harm Reduction	<p>Harm reduction refers to policies, programmes and practices that aim to minimise negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights.</p> <p>Harm reduction attempts to reduce the adverse consequences of drug use among persons who continue to use drugs.</p>	Harm Reduction Australia
Harm Minimisation	Harm minimisation is an approach focused on reducing the negative health, social and economic consequences of alcohol and other drug use on both individuals and the community as a whole.	YouthAOD Toolbox



Term	Meaning	Source
	<p>Harm minimisation is the basis of World Health Organisation’s policy in relation to alcohol and other drugs and has guided Australia’s National Drug Strategy since its inception in 1985. As such, credible AOD services in Australia adopt a harm minimisation approach.</p>	
<p>Holistic Care</p>	<p>Holistic care is an approach that places importance on the needs of the person beyond just the physical. This includes their emotional, social, spiritual, cognitive and personal needs</p>	<p>Law Insider Dictionary</p>
<p>Intoxication</p>	<p>A state in which a person’s normal capacity to act or reason is inhibited by alcohol or drugs</p>	<p>Legal Dictionary</p>
<p>Co-occurring Disorder</p>	<p>Co-occurring means when a person has at least one substance use disorder and one mental health disorder that can be diagnosed independently of each other. Other terms used, but meaning the same thing, include dual diagnosis and co-occurring conditions.</p>	<p>Law Insider Dictionary</p>
<p>Duty of Care</p>	<p>A duty of care is a legal obligation (that we all have) to take reasonable steps to not cause foreseeable harm to another person or their property.</p> <p>If a person’s actions do not meet this standard of care, then the acts are considered negligent, and any damages resulting may be claimed in a lawsuit.</p>	<p>Legal Dictionary</p>
<p>Dignity of Risk</p>	<p>Dignity of Risk means expressing one’s individuality by consenting to expose oneself to a possible or a known risk connected with an activity</p>	<p>Law Insider Dictionary</p>



Term	Meaning	Source
Illicit Drug	Illicit Drug means any drug or substance that is not legally obtainable and whose use, sale, possession, purchase or transfer is prohibited by law.	Law Insider Dictionary
Strengths-based Approach	A strength-based approach is a way of working that focuses on abilities, knowledge and capacities rather than deficits, or things that are lacking. The approach recognises that children, young people and families are resilient and are capable of growth, learning and change.	Department of Social Services, Australian Government.
Self-harm	Self-harm, also known as self-injury or non-suicidal self-injury is the deliberate, non-suicidal, injury to one's own body tissue, as cutting, burning the skin, pulling out hair, biting self, ingestion of harmful objects or substances, hitting self, etc. in a physical manifestation of emotional distress.	Dictionary.com
Self-medication	Self-medication is to take medicine or drugs without getting permission from a doctor or without following a doctor's instructions. Common self-medications including benzodiazepines, alcohol, cannabis, methamphetamine, antibiotics, MDMA, food, opiates/opioids, laxatives, etc.	Collins Dictionary
Dependence	Drug dependence means drug abuse which results in the development of tolerance or manifestations of drug abstinence syndrome upon cessation of use	Law Insider Dictionary
Addiction	Addiction is the behaviour characterised by relentlessly seeking drugs despite knowledge of possible adverse consequences	Science Direct
Mandatory Reporting	Mandatory reporting is when the law requires you to report known or suspected cases of	1800 Respect



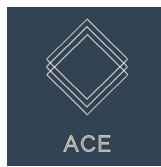
Term	Meaning	Source
	abuse and neglect. It mainly relates to children but can also relate to adults if the person involved is living in a residential service, such as psychiatric, aged care, or other government-run facility.	

Links to other Policies and Documents

- Inclusion and Diversity Policy and Procedure
- Choice and Independence Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Code of Conduct Policy and Procedure
- Code of Ethics
- Child Safety Code of Conduct
- Domestic and Family Violence Policy and Procedure
- Duty of Care Policy and Procedure
- Infection Control Policy and Procedure
- Emergency Health Care Policy and Procedure
- Communication Policy
- Management of Risks and Hazards Policy and Procedure
- Incident, Injury, Trauma and Illness Policy and Procedure
- Workplace Health and Safety Policy and Procedure
- Customer Complaints Policy and Procedure
- Customer Needs Policy and Procedure
- Record Keeping Policy and Procedure
- Reporting and Recording Behaviour Policy and Procedure
- Intervention and Behaviour Support Policy and Procedure
- Referrals Policy and Procedure
- Staff Health and Wellbeing Policy and Procedure
- Assessing and Managing Client Risk Policy and Procedure

Related Forms

- Privacy and Confidentiality Form



- Service User Consent to Collect and Share Information Form
- Incident, Injury, Trauma and Illness Record
- Serious Incident Report
- Safety Plan Template
- Behaviours of Concern Incident Report Template
- ACE Complaints Register

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the Dependence and Addiction Policy to enable staff to fulfil their roles effectively. In addition, ACE promotes information sharing at staff meetings, sharing of information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented February 2023	New Policy	February 2024

Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.

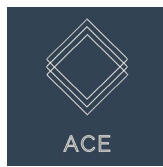
Dependence and Addiction Procedure

Many people have a close link between trauma and substance use. According to the self-medication hypothesis of substance abuse, individuals may develop substance abuse issues to cope with the distress that comes with trauma exposure and traumatic stress symptoms. This theory posits that people turn to alcohol and drugs to deal with the overwhelming emotions and traumatic memories associated with PTSD, or to numb themselves from all intense positive and negative emotions.

Experiencing trauma puts a person at an increased risk for substance use issues due to a number of factors, including temporary relief of anxiety and dysphoric mood states while under the influence of substances, suppression of emotional lability with depressants, and avoidance of painful memories while using psychotropic substances. Substance use can also diminish one's ability to cope with traumatic experiences. It can prevent the resolution of symptoms and impair psychological factors such as mood, frustration tolerance, mental flexibility, and cognitive capacity.

People with substance use disorders are also significantly more likely to experience trauma resulting from risky behaviours, such as harm to themselves or witnessing harm to others.

Trauma and Trauma-Informed Care



Many people who use substances will have a history of trauma. It is essential that people are not re-traumatised in the delivery of services that they are seeking

The trauma-informed care approach must underpin the interactions and engagement of staff and volunteers on a daily basis and provide safe and effective support, treatment and care to those who access the service.

ACE staff must provide care and support to service users to achieve the goals of their individual development plan using a trauma-informed care approach, irrespective of a documented history of trauma.

The trauma-informed care approach should enhance service user and staff wellbeing, and reduce emotional and psychological responses to re-traumatising events, including engagement with appropriate supports and services where there is complex trauma or co-occurring mental health needs.

The six key ingredients of trauma-informed practice within the community settings that should underlie every aspect of the service/system are:

1. Safety
2. Trustworthiness and transparency
3. Collaboration and mutuality
4. Empowerment
5. Voice and choice
6. Cultural, historic and gender issues

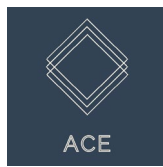
In working clinically with people experiencing substance use difficulties, the five central components of any trauma-informed intervention are:

1. Working safely and avoiding the risk of re-traumatisation
2. Conducting a trauma-sensitive assessment
3. Developing a shared understanding with the person of the impacts of trauma on their current difficulties
4. Providing psychoeducation
5. Working in a strengths-based way with people and their families and carers

If staff are uncertain how to proceed in relation to a service user, their family and/or carer, they should consult their line manager. Staff will be provided with opportunities to complete professional development in the area of trauma and trauma-informed care, to ensure best practices are followed.

Service User Consent

Service users must provide consent for the organisation to undertake an intake and assessment process. Consent is given in writing whenever possible. When the service user comes into contact with the organisation through a third-party referral, consent is confirmed directly with the service user before commencing an intake and/or assessment process.



Consent is documented on service user intake forms (Consent to collect Information Form – Privacy Notice) and service user file/case notes.

Co-occurring AOD and Mental Health Conditions and Holistic Care

To properly support a service user on their journey with alcohol and other drug (AOD) treatment, it's important to acknowledge that this type of treatment is just one aspect of their overall needs. Service users may have other social, psychological, spiritual and physical healthcare needs that are important to them and may interact with their AOD treatment goals. By taking a holistic and integrated approach that addresses an individual's health, wellbeing, cultural background, social life, and spirituality, AOD treatment can be most effective. This requires working with the service user and other service providers in different systems of care, such as social services, who play an important role in the service users' journey. Community-based AOD services routinely provide care ACE within and across different systems of care to ensure comprehensive service provision.

Principles of Effective Treatment

It can be challenging for vulnerable and socially disadvantaged service users using alcohol and other drugs to access the support they need. To address this, it's important to ensure that support is readily available. Individuals using AOD may feel unsure about seeking help and may require assistance when they are ready to begin treatment. Research has shown that earlier access to support is linked to more positive outcomes. One way to overcome these barriers is to connect with service providers who specialise in supporting service users with complex needs. By working with dedicated service providers, there are more opportunities to help individuals overcome barriers and receive the support they need.

Service users and families should experience support as welcoming, accepting, non-judgmental and responsive.

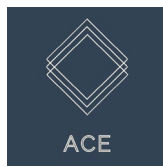
Substance dependence is a complex but treatable condition affecting brain function and influencing behaviour. These changes can persist long after drug use ceases, which might account for the long-lasting risk of relapse. While lapse and relapse are common but not inevitable features of changing AOD-using behaviours, they can also offer valuable learning opportunities for service users.

Support should be provided equitably and without prejudice to diverse populations (e.g., Aboriginal and Torres Strait Islander peoples; culturally and linguistically diverse (CALD) communities; women/parents with young children; people with disabilities; people with diverse sexual orientations (LGBTQIA+ BB/SG); people engaged in the corrective services system) and in diverse locations.

Family members and people who are significant to the service user need to be engaged in the support process (with the service user's consent). AOD support should address the needs of family members (including dependent children) and significant others, not just the service user.

Support must be person-centred. Effective support attends to addressing not only AOD use but also medical, psychological, social, vocational, and legal issues. This approach supports people to be active and equal participants and partners in their treatment planning, considering their age, gender, family, significant others, cultural circumstances and any other needs.

Remaining in treatment/having support for an adequate period of time is critical. The optimal length of time in treatment/support varies from person to person, with no single treatment/support approach being appropriate for everyone, meaning lapse or relapse can be common. Successful treatment often involves multiple episodes of treatment over a long period of time. Programs should



include active strategies to engage and retain service users in treatment/support, as well as aftercare follow-up and support and re-entry as needed.

An individual's care plan must be continually assessed and modified as necessary to ensure that it meets their changing needs. As such, support systems should articulate clear care pathways; deliver early intervention, prevention and harm reduction. Abstinence from alcohol, tobacco or other drugs is not the only goal that many individuals seek to achieve through treatment and support.

Support programs should discuss and support service users wanting to be screened for the presence of human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), hepatitis B and C, tuberculosis and other infectious diseases. This provides the opportunity for staff to provide targeted harm reduction counselling to help service users modify or change behaviours that place them at risk of contracting or spreading infectious diseases.

Harm Reduction Framework

Harm reduction is a public health response aimed at reducing the potential harms associated with active drug use, particularly injecting drug use. It is a primary, frontline response that is tailored to the needs of the individual and meets people where they are, not where we might like them to be. Harm reduction is not a step along the 'road to recovery' or the path to 'freedom from dependence'. It is a goal in and of itself and can include a range of services and programs, such as needle and syringe programs, peer education and distribution of drug-using equipment, opioid pharmacotherapy programs, overdose prevention, abscess management, vein care, user empowerment, safer injecting rooms, and primary health care.

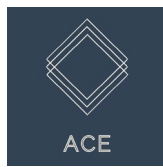
The effectiveness and cost-effectiveness of harm reduction have been well-established through an overwhelming international evidence base. The majority of harms and problems commonly experienced by people who use illicit drugs do not come from the substances themselves but rather are a result of the social and legal context in which they are used. Therefore, harm reduction involves providing appropriate, non-judgmental, and accessible alcohol and other drug and blood-borne virus prevention services and programs across the full spectrum of service models and approaches.

Strengths-Based Approach to Treatment and Support

A strengths-based approach focuses on identifying and utilising an individual's strengths, resources, and positive relationships rather than solely focusing on deficits and pathology. This approach is compatible with resilience theory, empowerment, and wellness. In AOD treatment, a strengths-based approach places them at the centre and values their experiences. Simple ways to implement this approach include using strengths-based questioning. Here are some examples:

- What did it take for you to be here today?
- What is working well for you?
- What have you tried, and what has been helpful in making changes?
- You are resilient. What do you think helps you bounce back?
- What would things look like if they were working better for you?

This approach informs all proposed interventions and is embedded in the way organisations are managed.



Dignity of Risk

ACE recognises that personal risk-taking is an important and normal part of life and learning, and that some people – particularly people with disability, others with cognitive impairment such as dementia and acute mental illness, and those who have been institutionalised including being incarcerated – may be denied this opportunity and right.

ACE supports each person to make informed choices and decisions in relation to their own lives and the services or support they receive.

All people are presumed to have capacity to make decisions about their lives unless there is compelling evidence otherwise.

People with disability have the right to enjoy the same legal capacity as others in the community in all aspects of life and have the right to access the support they require to exercise their legal capacity.

ACE recognises that people have the right to make decisions that affect their lives even if others do not agree with them or consider them ‘too risky’.

ACE will provide timely and accurate information to service users in a format accessible to them to ensure individuals are supported to make informed decisions and understand the benefits and risks involved in those decisions. This will involve communication that is appropriate for their cultural background, disability, cognitive ability, or other consideration.

ACE will ensure people we assist have sufficient time and support to consider their options at all stages of decision-making and implementing the decision.

Duty of Care

ACE will uphold its duty of care and comply with WHS obligations in a manner that allows the person to take reasonable risks in their daily lives without placing staff, volunteers, and others at risk of harm.

ACE staff and volunteers are expected to take reasonable care to avoid harm to a person who it can reasonably be foreseen might be injured by an act, or omission, of ACE

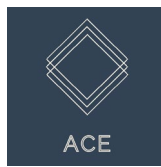
ACE values safety and duty of care and a person’s dignity, autonomy and self-determination. ACE will not unnecessarily enforce safety and protection measures at the expense of a person’s dignity.

Balancing Dignity of Risk and Duty of Care

ACE approaches the risks associated with an individual’s decision-making in their own life in a balanced manner. When providing support, staff and volunteers will first assess the person’s strengths and potential positive outcomes of their decision while also considering ACE’ role in managing risk and minimising harm to the person or others.

If a decision falls outside of ACE’ scope of support or breaches their duty of care, the person will be informed of the consequences and offered alternative options.

ACE will not withhold support solely based on a person’s dignity of risk choice as long as it doesn’t go against their duty of care. To uphold good professional practices and ethical judgments, ACE will provide ongoing training and development for employees and volunteers on safety, self-



determination, risk enablement, and decision-making support, including legal concepts of negligence and decision-making capacity.

Additionally, ACE will develop resources and tools to help employees and volunteers navigate the tensions between positive risk-taking, duty of care, safety promotion, legal requirements, acceptable risk, and dignity of risk.

Women's Sexual Health and Safety in AOD Support and Treatment

ACE understands that substance use is a gendered experience for women, often linked to intimate relationships and sexual experiences.

ACE understands that in AOD treatment and support, addressing the link between substance use and sexual experiences can be helpful, and education about sexual and reproductive health, including contraception, can be provided.

ACE staff and volunteers endeavour to support women with histories of problematic substance use to understand that they may have unmet sexual and reproductive health needs, which can be addressed in the context of treatment.

ACE understands that substance use is often used as a coping mechanism for dealing with traumatic sexual events. Injecting drug use is also gendered, with women often introduced to it by male partners who may control the attainment of drugs and equipment. Women who exchange sex for money and/or drugs have high rates of drug and alcohol use and dependence and an increased risk of contracting blood-borne viruses.

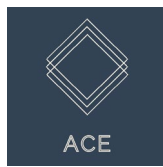
ACE staff and volunteers are to follow a harm reduction and outreach approach to support women who engage in street-based sex work. Additionally, services that are gender-responsive and trauma-informed should also be offered to all women accessing ACE.

To ensure future sexual safety is considered, it's essential for all ACE staff and volunteers to be aware of the impact of past experiences of sexual assault on women seeking support, particularly in mixed-gender services. The following aspects of AOD service provision should be considered to promote sexual safety:

- Conduct an environment review that specifically considers sexual safety.
- Review policies and procedures related to how staff and clients use physical spaces.
- Implement organisation-wide trauma-informed care for all aspects of treatment.
- Display educational material about sexual safety prominently.
- Provide education to all service users about sexual safety and their responsibility for others' sexual safety.
- Establish partnerships with specialist services that address sexual safety and sexual trauma.
- Ensure the availability of condoms, dental dams, and lube.

Pregnancy in AOD Support and Treatment

ACE recognises that women who use drugs and alcohol while pregnant or caring for children generally face discrimination and stigma, which can make it significantly harder for them to receive help for their AOD use. ACE staff and volunteers should provide factual, supportive and non-



judgmental information that can help educate women about the risks associated with substance use during pregnancy and how it can affect their ability to parent.

ACE recognises that pregnant women who use drugs or alcohol are more likely to have certain characteristics such as being smokers, having a psychiatric condition, being single, Aboriginal, living in a metropolitan area, and experiencing social and economic disadvantage, among others. ACE staff and volunteers aim to provide women with access to various interconnected services, including social support, case management, and mental health services, which is considered best practice.

ACE recognises the significance of providing access to support services for pregnant women who use substances during their pregnancy and the postpartum period. Hence, all ACE staff and volunteers possess comprehensive knowledge of referral services to aid pregnant women.

Parenting and Mandatory Reporting in AOD Support and Treatment

ACE acknowledges the importance of avoiding assumptions that parental substance use always increases the risks for dependent children. Nonetheless, well-documented evidence links parental substance use to the potential neglect and harm of children. Therefore, all ACE staff and volunteers are trained to identify indicators of harm to children.

Additionally, ACE recognises that households with significant alcohol and drug use are more likely to experience family violence. Any family experiencing co-occurring substance use and domestic or family violence will be referred to both the dependence and addiction team and the domestic and family violence team for comprehensive assessment and support.

While substance use is one of several factors that contribute to the risks associated with neglect and harm of children, including mental illness, history of trauma, socio-economic disadvantage, and isolation, ACE staff and volunteers understand the importance of considering child protection when working with families who use substances and have dependent children.

ACE provides dependence and addiction support to minors (children under 18). If a service user is a minor and engaging in substance use, staff must prioritise their safety. Indicators of abuse in minors using substances may include involuntary use, using substances to cope with physical, sexual, emotional, or domestic violence exposure, using substances due to neglect, and engaging in sexual favours or prostitution to obtain substances.

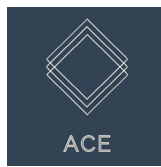
If there is a concern for the safety of children, staff should consult their line manager and follow the child safeguarding policy.

Working with Minors who use Substances

ACE provides dependence and addiction support to minors (children under 18). Staff must prioritise their safety if a service user is a minor and engaging in substance use.

To ensure that ACE respects the rights of children and young people, staff and volunteers must follow a harm reduction framework. This involves supporting minors to make informed choices about their substance use and using psychoeducation and motivational interviewing to help them decrease the harms associated with their use.

Staff and volunteers must also follow the privacy and confidentiality policies and procedures, obtaining consent from the child or young person, if they have the capacity, prior to disclosing information to parents or legal guardians. In situations where there is reasonable suspicion of



physical or sexual abuse, neglect or emotional abuse, staff or volunteers must follow mandatory reporting guidelines.

If a disclosure is made, ACE staff and volunteers must assess the seriousness of the incident and respond appropriately. This may involve contacting one or more parents or liaising with the police. Staff and volunteers must consult with their line manager before making a report. Children and young people must be informed of all decisions relating to the disclosure of their personal information without their consent unless the service deems this to not be in their best interest.

It is important to note that there is no breach of criminal law if a service fails to notify parents that their child has divulged information relating to their substance use. However, it is important for staff and volunteers to prioritise the safety and wellbeing of the child or young person and respond appropriately to any concerns that arise.

Language Matters

Language is powerful – especially when discussing alcohol and other drugs and the people who use them. Stigmatising language reinforces negative stereotypes. “Person-centred” language focuses on the person, not their substance use.

ACE staff and volunteers must use respectful, non-judgemental, compassionate, and client-centred language when communicating with clients and other healthcare providers about clients experiencing possible mental health conditions. ACE staff and volunteers will have a comprehensive knowledge of the Language Matters resource (https://nada.org.au/wp-content/uploads/2021/01/language_matters_online_-_final.pdf) and use the language outlined when working with people who use substances.

ACE recognises that language used in diagnostic classification systems is to provide staff and volunteers with the functional knowledge to identify conditions and facilitate communication with other areas of health, such as mental health services.

ACE staff and volunteers should be aware that some people may perceive diagnostic labelling as stigmatising and feel a sense of powerlessness. Therefore, the language used to describe symptoms and disorders should be based on the needs of the client.

ACE acknowledges that a qualified and trained health professional can only give formal diagnoses, such as a registered psychologist or psychiatrist.

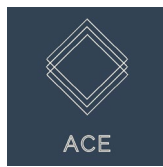
The terms “co-occurring conditions” or “co-occurring AOD and mental health conditions” should be used instead of “comorbidity” when referring to clients with possible mental health conditions and AOD use.

ACE staff and volunteers are aware that language used to describe different population groups may evolve over time, and they should strive to use inclusive and respectful language.

ACE staff and volunteers should always prioritise the confidentiality and privacy of clients when communicating with other healthcare providers, loved ones, or third parties.

ACE staff and volunteers should continuously educate themselves on best practices for communicating with clients experiencing possible mental health conditions to provide the best possible care.

Managing Challenging Behaviour and/or substance use onsite



Prevention

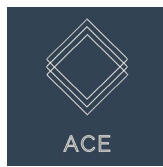
- ACE staff are responsible for establishing a safe and welcoming environment for people who access support. To achieve this, staff should model positive behaviour and mentor service users to be respectful of others. Staff will work in partnership with service users, providing them with appropriate information and utilising a collaborative problem-solving approach to decision-making.
- To ensure a safe and respectful environment, staff and volunteers will set clear boundaries and expectations for service users' behaviour while utilising the ACE Rights and Responsibilities. The service must be inclusive of diverse groups of people, and staff will use relational practice to build trust and promote transparent conversations.
- People who use the services provided by ACE must be informed of the rules that apply to the service. One of the rules is that the service is drug and alcohol-free, which means that people who use the service agree not to use any drugs or alcohol while they are on the premises. Another rule is that the service is smoke/vape-free, which means that smoking and vaping are not allowed on the premises, and people who smoke/vape must do so offsite.
- Staff must engage in regular identification, assessment, and planning for risks associated with challenging behaviour. Further guidance on this can be found in the Assessing and Managing Client Risk Policy and Procedure.

Early Intervention

- When working with a person, staff must be aware of possible triggers and warning signs of escalating behaviour. Staff should work with the person to identify strategies for managing these triggers.
- Staff must intervene early when they observe signs or triggers for challenging behaviour, selecting the most appropriate strategy based on their judgement. This may include using humour, redirecting the person, addressing triggers like boredom, or changing the environment, for example, waiting outside or in another area if the waiting room is triggering.

De-escalation

- When responding to challenging behaviour that is escalating, the aim is to calm the person and de-escalate the situation by using some of the following techniques:
 - Stay calm, speak slowly and clearly.
 - Be aware of personal space and adjust as necessary.
 - Show respect and avoid responding to abusive language.
 - Empathise with feelings but not the behaviour.
 - Use active listening skills to demonstrate understanding.
 - Show care and attention to the person's needs.
 - Offer choices and suggest simple alternatives, such as moving to a quieter location.



Significant Incidents

If a person is unable to manage their behaviour, staff should assess the risks to everyone involved. In some cases, staff may need to ask the person to leave or remove themselves from the space. If necessary, staff can use the duress alarm to request assistance from other staff and/or security. In the event of a significant incident, staff should follow the Critical Incident Management Policy and Procedure and take immediate steps to protect everyone's health, safety, and welfare. After the situation has been de-escalated and everyone's safety and wellbeing have been addressed, staff can discuss and make decisions about the outcome and follow-up actions.

Two-worker model

- In some situations, it may be necessary for two staff members to be present when providing service to a service user to assist with managing challenging behaviour.
- If a service user consistently exhibits significant challenging behaviour that poses ongoing safety and wellbeing concerns for staff, volunteers, other service users and/or the community, the Manager in consultation with the Service Delivery Manager may require that all support and face-to-face contact with the service user must be provided under a two-worker model.
- The service user must be informed of the reasons for the two-worker model, and the arrangement will be reviewed periodically as agreed upon by the Service Delivery Manager.
- The two workers may be both ACE workers, or one ACE worker and one worker from another service, such as a CSO from the Department of Child Safety or a NDIS Support Worker, as appropriate.
- An alert outlining the details of the two-worker model is to be added to the service user's file.

Safe Handling and Disposal of Needles and Syringes

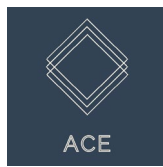
The safety of staff, volunteers, and others accessing ACE is of utmost importance to service. ACE recognises that the presence of needles and sharps on premises poses a potential threat to safety. ACE will provide a safe and healthy working environment, free from harm caused by sharps and needles.

Needle-stick Injury Prevention

- ACE will conduct regular inspections of the grounds to ensure the early detection and disposal of discarded sharps.
- Staff and volunteers will not place their hands into areas or objects where sharps may be concealed, such as overgrown garden beds or rubbish bins. Tongs or rubbish grabbers will be used to pick up or move rubbish, not the needle/syringe.
- Staff will not manually compress rubbish bags in case they contain needles/syringes.

Responding to Finding a Sharp

- Service users and volunteers should never handle discarded needles/syringes.
- Staff who need to handle sharps will move away any people (especially children) who are nearby.



- There will be enough space to move and to observe the sharps and the staff's hands clearly.
- Staff will not handle more than one item at a time. If there are multiple sharps, staff will carefully separate them using a stick or implement – staff will not try to flick them or pick them up with a grabber/implement.
- The best and safest way to pick up a syringe is to use hands and immediately wash them afterwards. If the person is uncomfortable using their hands, thin disposable gloves that do not interfere with dexterity can be used. The use of grabbers or other implements to pick up syringes increases the risk of injury through uncontrolled flicking of the syringe.

Disposal of Sharps

- The aim is to safely transfer the needle/syringe into an appropriate container to minimise the risk of needle-stick injury.
- A sharps container is a receptacle intended for the collection and disposal of sharps. It is rigid-walled, puncture-proof, and sealable.
- ACE will not use glass jars or bottles, plastic drink containers, or aluminium drink cans. These can break or may be recycled, potentially leading to injuries to other people, such as waste collectors.
- A designated sharps container will be made available at every ACE site and in all ACE vehicles.
- The sharps container will be yellow in colour, labelled as 'sharps' or 'infectious waste' and will carry the biohazard and AS/NZS symbols.
- The sharps container will comply with AS/NZS 4261:1994 – Reusable containers for the collection of sharp items used in human and animal medical applications.
- ACE can dispose of sealed sharps containers via a Queensland Health, recommended facility or a facility recommended by the local council.
- Loose sharps will not be disposed of in the general waste.
- Needles/syringes will not be thrown down drains or toilets.

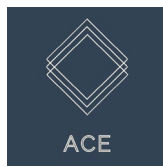
Service User Education on Safer Use

A critical element of ACE' Dependence and Addiction program is the management of risk and the psychoeducation of service users in relation to their substance use.

ACE Dependence and Addiction team will endeavour to educate service users regarding how to dispose of used needles and syringes safely. ACE staff and volunteers will offer approved sharps containers to any service user that identifies as a person who injects. ACE staff and volunteers possess comprehensive knowledge of referral services, including Needle Syringe Programs (NSP) in the local area.

Drugs found onsite

It is not an offence if a service fails to report the use of illicit drugs to the police under criminal law. However, it is an offence against section 326 of the Crimes Act 1958 if a person accepts a benefit for not disclosing information about a serious crime with a penalty of 5 years or more.



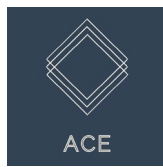
In all cases where alcohol and/or drugs and/or drug paraphernalia are found onsite, the security of those items' rests with the staff. As soon as is practicable, found items should be disposed of accordingly or handed over to the police as soon as practicable. Staff are not to transport illicit substances, open alcohol containers, used sharps or drug utensils and paraphernalia. Staff are to contact Police Link (131 444) and follow their advice for disposal or arrange collection by police.

Drug Testing

ACE does not support any form of drug testing at their facilities for service users or staff and volunteers. Drug testing is controversial and raises a number of legal, technical, ethical and financial issues. It may also reduce trust between ACE and its service users.

This Procedure complies with the following Standards

- HSQ Standard 2, 3, 4



REFERRALS POLICY AND PROCEDURES

Policy Statement

The Referrals Policy's purpose is to document the steps staff are expected to follow when referrals to health care specialists, practitioners or other agencies are needed. This ensures the process is consistent and that the needs of clients are being met in a timely manner. Having a clear policy in place helps to ensure clients receive the appropriate care and/or clinical support from specialists. Where ACE cannot directly support clients, any issues are identified and addressed early on.

This documentation ensures that clients receive appropriate care and support from specialists while proactively addressing potential issues. Additionally, a documented referral policy helps the organisation meet regulatory standards and provide the best possible support and care for clients.

Scope

This policy applies to clients, staff, management, medical professionals and visitors of ACE.

Background

ACE embeds a person-centred care approach to service delivery. This requires prioritising the client's aspirations and strengths within the context of their capacity. In supporting clients, ACE staff place the needs of people who seek our care first. Critical to this approach is careful observation to identify changes in behaviour that may indicate that a client requires additional support.

Ensuring that clients receive a referral to specialist services to support them is vital to ACE's person-centred care approach.

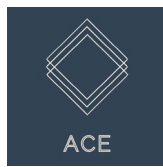
Legislative Requirements

- Information Privacy Act 2014
- Privacy Act 1988
- National Framework for Alcohol, Tobacco and Other Drug treatment 2019-2029
- National Quality Framework for Drug and Alcohol Treatment Services
- Severe Substance Dependence Treatment Act 2010
- Drugs, Poisons and Controlled Substances Act 1981
- Mental Health Act 2014
- Children, Youth and Families Act 2005.

Principles that Inform Our Policy

All decision-making about our Referrals Procedure is carried out in accordance with the principles of our Referrals Policy.

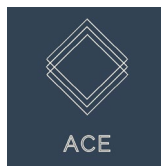
- We are committed to ensuring that information is used in an ethical and responsible manner.
- We recognise the need to be consistent, cautious and thorough in ensuring that information about clients, stakeholders, staff, board members, students and volunteers is recorded, stored and managed.



- All individuals, including clients, stakeholders, staff, board members, students and volunteers, have legislated rights to privacy of personal information.
- In circumstances where the right to privacy may be overridden by other considerations (for example, child protection concerns), staff act in accordance with the relevant policy and/or legal framework.
- All staff, board members, students and volunteers are to have an appropriate level of understanding about how to meet the organisation's legal and ethical obligations to ensure privacy and confidentiality.

Concerning Client Needs

- ACE has a culture of inclusion and respect for clients as people. As a result, people need to be informed of and agree to undertake referral for specialist services.
- ACE supports clients to exercise choice and independence and actively partners with the client to inform ongoing care assessment and planning. ACE acknowledges a Dignity of Risk that allows people to utilise our services to make informed decisions about recommended referrals.
- ACE will carry out an ongoing assessment and planning with the client, their official representatives, and others who the client wants to be involved in their care and services assessment and planning. Referrals are made to improve the health and lives of the people in our care.
- Consistent and ongoing sharing of information, asking for feedback from the client, and supporting and encouraging clients to take part in assessing and planning their own care and services are paramount and aligned with a person-centred practice approach. Referrals are recommended by authorised staff based on the principle of improving health outcomes. Referrals can be supported by documented observations, incidents and a person's own requests that are recorded in ACE's client management system. ACE relies on a list of approved specialist service providers who are provided access to relevant recorded information to support the needs of clients in our care.
- A person-centred approach recognises that making decisions about their own life, and having those decisions respected, is an essential right of each client. It improves their health and wellbeing and demonstrates the organisation's values to the client.
- The client may choose to have a relative, partner, or friend as a representative involved in decisions about their care. Where a client cannot make decisions, they may have a court or tribunal-appointed guardian to make decisions on their behalf. Privacy of information practices at ACE ensures that only the client or their legally appointed representatives are informed of interactions related to referrals.
- Assessment and planning are also expected to include other organisations, individuals or service providers involved in caring for clients. ACE will ensure an effective communication framework is in place with other service providers and relevant other parties such as unpaid carers, family, and friends. Collaborative assessment and planning (if the client wishes) can help ACE improve its knowledge and sensitivity related to the client's needs, goals and preferences and improve the continuity of care and services for the client.
- Regarding the outcome of referrals, specialists engaged are required to ensure the following:



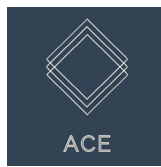
- Make sure clients understand referral outcomes.
- Report to ACE any proposed actions beyond the referral before implementing the action. ACE will ensure the client and any recognised representatives are consulted regarding a decision on proceeding with the additional action.
- ACE respects client privacy and will comply with obligations relating to the privacy of information when coordinating care and information exchange with other organisations, individuals, or service providers.

Key Terms

Term	Meaning	Source
Practitioner	A person actively engaged in an art, discipline, or profession, especially medicine.	Oxford Dictionary
Clinical	Pertaining to a clinic. Concerned with or based on actual observation and treatment of disease in patients rather than experimentation or theory.	www.dictionary.com
Referral	The act of directing someone to a different place or person for information, help, or action, often to a person or group with more knowledge or power	Cambridge Dictionary
Personal information	Personal information means information or an opinion (including information or an opinion forming part of a database) about an individual (Office of the Federal Privacy Commissioner, 2001). It may include information such as names, addresses, bank account details and health conditions. The use of personal information is guided by the Privacy Act 1988 (Cth).	Privacy Act 1988

Links to other Policies and Documents

- Child Safeguarding Policy and Procedures
- Code of Conduct
- Accessing an Interpreter or Translator Policy and Procedures
- Housing and Homelessness Policy and Procedures



- Career Planning Policy and Procedures
- Network and Partnering Policy and Procedures
- Intervention and Behaviour Support Policy and Procedures
- Domestic and Family Violence Policy and Procedures
- Dependence and Addiction Policy and Procedures
- Planning Policy and Procedures
- Health and Nutrition Policy and Procedures
- Mandatory Reporting Policy and Procedures

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the Referrals Policy to enable staff to fulfil their roles effectively. In addition, ACE promotes information sharing at staff meetings, sharing of information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented January 2023	New policy	January 2024

Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.

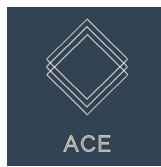
Referrals Procedure

Who can request a referral?

ACE will always have Case Managers working in their facilities in shifts. Any support staff who observe a need to refer a person to a specialist or external organisation for support must ensure the following.

Here are a few indicators:

- Note the observation or request from the client in ACE's client management system, known as Access1, in the client's care plan.
- They are then to raise the referral with the Case Manager directly in person.
- The Case Manager then evaluates the client. If a referral is needed, ACE staff who initiated the referral will make an appointment with:



- the client's preferred specialist or with ACE's approved specialists
- the external partnering agency best suited to the needs of the client.

Referrals respond to clients' needs. In cases where the person is suffering from pain, discomfort, or at risk, assessments are to be conducted as a priority and asap with the client's or their representative's agreement.

Essential:

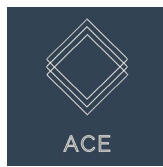
- Ensure that before a request for a referral is made, the client or their representative (in cases where the person has another person legally acting on their behalf) is consulted to ensure their opinion and preferences are considered and remain paramount.
- In emergency situations, immediate steps are to be taken to support the client.

Note: respect and court orders.

Procedure:

(Non-emergency/not involving pain/discomfort)

- Support staff log a need for a referral in the care plan for the person in ACE's Client Management System (Access1), but a copy is not needed to be placed in the client's actual file.
- Always include the client's full name and date of birth, plus a detailed summary of the reason for referral.
- When completing the referral request, ensure you don't use emotive language or convey your own feelings regarding the situation. Referrals must be based on facts and direct observation only.
- A Case Manager will determine if a referral is required. The Case Manager may consult with doctors and other specialists or agencies, including NDIS, when making any decision. Support staff, along with the Case Manager, ensure the client being cared for is involved in the requirement for referrals.
- On the approval of the Case Manager, ACE staff are to arrange for an appointment. In some cases, people will have their own preferences for specialists (such as a doctor), which will be recorded in their care plan. Appointments are recorded in Access1 and in the start of shift diary that support staff refer to.
- Specialists will require information about the referral and the service required. Specialists may visit on-site and use our facilities to provide services.
- ACE staff will ensure that the client is prepared to meet appointments. At the start of a shift and at handover, staff will ensure the following:
 - Read any planned appointments in the start of shift diary.
 - Be advised of appointments by the shift handing over.
 - Clients may require or need support during referrals. ACE staff are to ensure people are assisted as needed.



RECORD KEEPING POLICY AND PROCEDURES

Policy Statement

The purpose of the Record Keeping Policy and associated procedures are designed to ensure that ACE collects, stores, and secures the personal information and records it holds regarding individuals. This must be done in a manner that meets the legal requirements of the Australia Privacy Act 1988 (Cth) and its associated 13 Australian Privacy Principles (APPs) and maintains the privacy of all staff and clients.

Scope

This policy applies to all ACE staff, managers, medical professionals and volunteers.

Background

The establishment of trust between clients, staff, external networks, medical professionals, volunteers and families is an essential part of the ethos of our facility to enable help to be sourced within and outside ACE. Everyone needs to know the boundaries of confidentiality in order to feel safe and comfortable in discussing personal issues, needs and concerns.

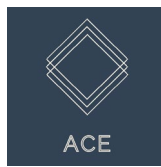
Legislative Requirements

- Information Privacy Act 2014
- Australian Privacy Principles (APPs)
- Privacy Act 1988
- Work Health and Safety Act 2011
- Work Health and Safety Regulations 2011
- Aged Care Quality and Safety Commission Act 2018
- Aged Care Quality and Safety Commission Rules 2018 (Rules)
- Aged Care Act 1997
- Disability Discrimination Act 1992
- Age Discrimination Act 1992
- Australian Human Rights Commission Act 1986
- Child Protection Act 1999

Principles that Inform Our Policy

All decision-making about our Record Keeping Procedure is carried out in accordance with the principles of our Record Keeping Policy.

Privacy Principles



Personal information, including sensitive information, is only collected from individuals in order that ACE can carry out its business functions.

ACE only collects and stores information that is directly related to its business purposes and legal purposes.

ACE ensures each individual:

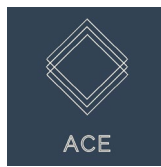
- is made aware of any legal requirement for ACE to collect the information
- is able to access their personal information upon request
- does not receive unwanted direct marketing
- can ask for personal information that is incorrect to be corrected
- is made aware of any consequences for not providing the information requested.

Confidentiality Principles

- Issues concerning personal information can arise at any time.
- Everyone in the service community understands that no one can offer complete confidentiality.
- Everyone in the service community needs to know the limits of confidentiality that individuals can offer within ACE so they can make informed decisions about the most appropriate person to talk to about any health, sex and relationship or other personal issues they want to discuss.
- Anyone offering complete confidentiality to someone else would be offering to keep the content of his or her conversation secret and discuss it with no one. In reality, there are very few situations where absolute confidentiality can be guaranteed.
- This means that in most cases, what is on offer is limited confidentiality. Disclosure of the content of a conversation could be discussed with professional colleagues, but the confider would not be identified except in certain circumstances.
- ACE staff will clarify that there are confidentiality limits at the beginning of the conversation. These limits relate to ensuring a client's safety and wellbeing. The client will be informed when a confidence has to be broken for this reason and encouraged to do this for themselves whenever possible.

Key Terms

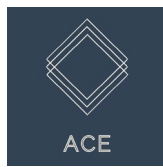
Term	Meaning	Source
Privacy	Privacy is a fundamental human right that underpins freedom of association, thought and expression, as well as freedom from discrimination. But it's hard to define. Different countries offer different views, as do individuals.	Office of the Australian Information Commissioner (OAIIC)



Term	Meaning	Source
	<p>Generally speaking, privacy includes the right:</p> <ul style="list-style-type: none"> • to be free from interference and intrusion • to associate freely with whoever you want • to be able to control who can see or use information about you <p>There are different ways to look at privacy, such as:</p> <ul style="list-style-type: none"> • physical privacy (for instance, being frisked at airport security or giving a bodily sample for medical reasons) • surveillance (where your identity can't be proved, or information isn't recorded) • information privacy (how your personal information is handled) 	
Confidentiality	Confidentiality refers to a duty of an individual to refrain from sharing confidential information with others, except with the express consent of the other party.	The legal dictionary
Disclosure	The act of making something known or the fact that is made known	Cambridge Dictionary
Records	<p>The state or fact of being recorded:</p> <p>Something that records: such as something that recalls or relates past events, an official document that records the acts of a public body or office, an authentic official copy of a document deposited with a legally designated officer, the official copy of the papers used in a law case, a body of known or recorded facts about something or someone especially with reference to a particular sphere of activity that often forms a discernible pattern.</p>	Merriam Webster Dictionary

Links to other Policies and Documents

- [Reporting and Recording Behaviour Policy and Procedure](#)
- [Duty of Care Policy and Procedure](#)
- [Individualised Plans Policy and Procedure](#)



- Consumer Needs Policy and Procedure
- Mandatory Reporting Policy and Procedure
- Privacy and Confidentiality Policy and Procedure

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the Record Keeping Policy to enable staff to fulfil their roles effectively.

In addition, ACE promotes information sharing at staff meetings, sharing of information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented March 2023	New policy	March 2024

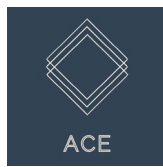
Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.

Performance Management Procedure

Management will ensure the following:

- Ensure confidential information at ACE is only transferred from one person to another when it is professionally appropriate and legally acceptable to do so.
- Remind staff regularly about workplace confidentiality and professional expectations, as well as privacy obligations as detailed in the Information Privacy Act.
- Ensure confidential information relating to any current or past client, family or staff member will be maintained in individual files in the office and can only be accessed by authorised personnel.
- Maintain a register for staff to sign when accessing confidential files.
- Ensure discussions about a client are not held outside of the service with a third person or agency which has no legal or compelling need to discuss such issues.
- Be mindful of confidential information on desks, notice boards and computers and ensure it is not visible to other clients or visitors.
- Delegate responsibility for monitoring administrative record keeping practices.
- Ensure information is collected electronically using the existing database system and in accordance with The Privacy Act.
- Thoroughly investigate any alleged breach of confidentiality or privacy.



Staff will ensure the following:

- Understand the limits of the confidentiality they can offer to both clients and families and, in particular, students and volunteers.
- Seek advice from the Care Manager if a client discusses a difficult personal matter.
- Be mindful of confidential information on desks, notice boards and computers and ensure it is not visible to other clients or visitors.
- Use correct forms for the recording of information related to clients and store it in the correct location.

All ACE staff will record:

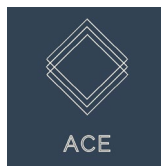
- all assessments of clients
- individual care plans for every client
- medical records, progress notes, and any other clinical records
- any letters from referred healthcare providers
- agreements between the client, ACE, and other healthcare providers
- up-to-date details of any representatives of clients.

In relation to the collection of information:

- In general, personal information (including health information) may be collected from a client and their family, any person or organisation that assesses health status or care requirements. For example: a division of ACE; other facilities; family members or significant persons of a client; and from a legal advisor of a client and their family.
- ACE will collect personal information directly from a client unless: we have their consent to collect the information from someone else; or we are required or authorised by law to collect the information from someone else; or it is unreasonable or impractical to do so.
- The types of personal information collected include:
 - personal information provided by the client, including their name, date of birth, telephone number and next of kin
 - health and financial information in the event that they accept our services
 - government identifiers such as Medicare, Pension or Veteran's Affairs numbers
 - information that we obtain about a client in the course of their interaction with our website, including their internet protocol (IP) address, the date and time of their visit to our website, the pages they have accessed, the links on which they have clicked and the type of browser that they were using; and
 - aggregated statistical data which is information relating to their use of our website and our services, such as traffic flow and demographics.

In relation to storage and use of information:

- ACE will store all records containing personal information.



- The personal information held about clients will only be used by ACE to enable the efficient administration of services provided, reporting data to provide information about trends and opportunities, and to maintain accurate and detailed records of business interactions and outcomes.
- ACE may use the personal information provided by a client to market other internal services to them. A client may opt out of being contacted for marketing purposes at any time by contacting our office. Information will not be passed onto any third-party marketing companies without the client's prior written consent.
- In relation to the disclosure of information:
- ACE will not disclose a client's personal information to another person or organisation unless they are aware that information of that kind is usually passed to that person or organisation.
- ACE may use or disclose personal information for statistical, regulatory and research purposes.

In relation to access to, and correction of records:

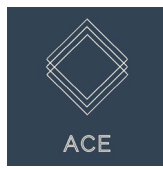
- Clients have the right to access or obtain a copy of the information that ACE holds about them, including personal details, next of kin, and any other information.
- Requests to access or obtain a copy of the records held about a client must be made by contacting our office using the Request to Access Records Form. The client must prove their identity to be able to access their records.
- There is no charge for a client to access the records that ACE holds about them; however, there may be a charge for any copies made. Arrangements will be made within ten days for the individual to access their records.

In relation to accessing records:

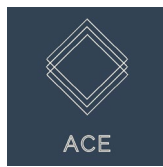
- Individuals may request to access their records by using the Request to Access Records Form. Written requests should be sent to the Senior Administrations Officer.
- Upon receiving a completed form, confirm the request is valid and has been made by the client to which the records relate – check identification documents.
- Arrangements for the provision of records should be made as suitable – mailing copies, providing a time for records to be viewed, etc.
- Arrangements should be made verbally and confirmed in writing within 10 days of receiving the request.
- Keep a note of how the records were accessed on the client's file.

In relation to the amendment of records:

- When a client request is made for an incorrect record held about them to be corrected, they can do so by filling in an Amendment to Records Request Form.
- If it is a change of contact person or mobile phone, they can use the Change of Details Form.
- Upon receipt of a request form, consider whether the records held are correct or not. If the request is valid and the records are incorrect, update the records accordingly.



- Do not update records if they are found to be correct already.
- Advise the client or family member accordingly of the actions taken to follow up on their request.



CLIENT TRANSITION AND EXIT POLICY AND PROCEDURES

Policy Statement

At ACE, our objective is to enhance the self-sufficiency, community involvement, and smooth transitioning of the individuals we aid after their needs are fulfilled, and goals are accomplished. We consider transition planning an essential element of the assistance we provide and involve the client in the process, as well as their family or other relevant individuals, as deemed necessary. Our ultimate goal is for clients to successfully exit our services or programs once their objectives are met or they move on to another service.

Scope

The purpose of this policy is to provide guidance to ACE Support Services staff, volunteers, and members on how to facilitate the transition of clients from ACE to self-support or another service and how to manage client disengagement.

All staff, volunteers, and ACE Support Services members are subject to the guidelines set forth in the Client Transition and Exit Policy.

Background

At ACE, we understand that our clients may need to transition out of our services or programs for various reasons. Therefore, we have developed a Transition Planning policy that is client-centred and flexible to ensure that clients can achieve their goals and receive appropriate support even after leaving our services or programs.

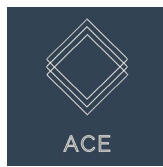
Transition

Transition planning is an integral part of the support we provide, and it is connected to other planning processes for our clients. We will prompt transition planning when a client feels they are close to achieving their planned goals, when their needs would be best met by another service, when they are moving away from our service or program location, when they no longer need assistance, or when they have exhausted available services without progress towards their goals. We will centre transition planning on the client's individual needs and circumstances, ensure their informed and influential participation, and incorporate the involvement of support people where appropriate. Our planning will be flexible and include contingencies to ensure a smooth and safe transition from our services or programs.

We believe that transition planning is an opportunity to acknowledge our client's strengths and achievements. Therefore, our plan will ensure that clients have the knowledge and skills for self-support and know where to access local supports if needed. We will prioritise the safety and capacity of clients to live independently and engage with their community in our transition planning. If needed, we may document a summary of supports and/or recommendations for the client to refer back to and offer periodic contact with ACE following the transition.

Exit

If a client wishes to exit our program or service before achieving their goals and before transition planning, we will offer them assistance with referral to another suitable service, and we will uphold



their right to refuse this offer. For some services and programs, we will document a plan to be followed in the event of a client's sudden exit from the service to ensure their safety and a smooth transition out of the service at short notice.

If a client disengages without contact, we will make appropriate attempts to contact them to assist them in re-engaging, and all attempts to re-engage will be noted in the client's file. If a client is to be exited due to their conduct, appropriate precautions will be taken to meet duty of care obligations. The manager must be consulted and provide authorisation for the exit.

If a client aged under 18 or a client with children disengages in an unplanned manner, and we have concerns about the safety, welfare or wellbeing of the child or young person, we will use the Mandatory Reporting Policy and Procedure to decide whether to report our concerns to the Child Protection Helpline. If the outcome of the Mandatory Reporting Policy and Procedure requires immediate report to the Child Protection Helpline, we will make the report, and all attempts to notify the client of the report will be documented. We will also include all actions undertaken to attempt to re-engage with the client and their children in the documentation.

If a client has experienced family violence, we will advise them of our duty of care to promote and maintain their safety and that of their children during the period of our support. We will develop a personal safety plan that documents mechanisms for safe communication, the client's agreed process for contact, and actions to be taken by the worker if the client disengages.

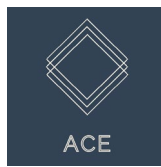
Legislative Requirements

- The Family Law Act 1975 (Cth)
- Aged Care Act 1997 (Cth)
- Disability Discrimination Act 1992 (Cth)
- My Health Records Act 2012 (Cth)
- Privacy Act 1988 (Cth)
- Racial Discrimination Act 1975 (Cth)
- Sex Discrimination Act 1984 (Cth)
- Supported Accommodation Assistance Act 1994 (Cth)
- Work Health and Safety Act 2011 (Cth)

Principles that Inform Our Policy

ACE is guided by the following principles in its policy statement:

1. **Client Empowerment:** We believe in empowering clients to make decisions and actively participate in decision-making and planning.
2. **Holistic and Strengths-based:** We assess and plan based on all aspects of life experienced by an individual, considering their strengths, needs, goals, and supports required to achieve these.
3. **Goal Oriented:** We encourage clients to create realistic and achievable goals, empowering them to develop the knowledge and skills required to enhance self-sufficiency and independence.



4. **Dynamic and Flexible:** Our engagement process is dynamic and flexible enough to respond and/or adjust to changes that may occur in the client’s life or the broader context.
5. **Collaborative:** We develop cooperative relationships with relevant services, organisations, professionals, and community resources to enable “warm referrals” and promote collaborative practice.
6. **Culturally and Socially Safe:** We acknowledge and respond to the strengths and needs of each client, ensuring cultural and social safety is always explored and attended to.
7. **Evidence Informed:** We integrate practitioner expertise, client expertise and values, and the best available research evidence to promote positive outcomes with clients.
8. **Right to Privacy and Consent:** We maintain clients’ right to privacy and confidentiality at all stages of the case management process, only collecting, using, sharing, and storing information necessary for service delivery.
9. These principles guide us in delivering an effective, accessible, inclusive, and professional service.

Links to other Policies and Documents

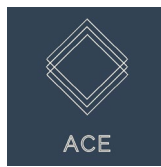
- Child Safeguarding Policy and Procedure
- Code of Conduct Policy and Procedure
- Customer Complaints Policy and Procedure
- Conflict of Interest Policy and Procedure
- Privacy and Confidentiality Policy and Procedure
- Record Keeping Policy and Procedure
- Consumer Needs Policy and Procedure
- Assessment Policy and Procedure
- Choice and Independence Policy and Procedure
- Referrals Policy and Procedure
- Incident Handling Policy and Procedure
- Inclusion and Diversity Policy and Procedure
- Continuous Improvement Policy and Procedure

Induction and Ongoing Training

ACE ensures that induction and ongoing training of all staff include the Client Transition and Exit Policy to enable staff to fulfil their roles effectively.

In addition, we promote information sharing at staff meetings, sharing information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed



Policy Created/Reviewed	Modifications	Next Review Date
Implemented April 2024		April 2025

Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.

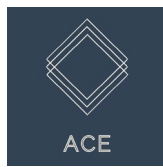
Conflict of Interest Procedure

Transition Planning

- Identify the situations that prompt transition planning, such as the client feeling close to achieving their goals, the client needs being best met by another service, the client moving away, the client no longer needing assistance, and/or no progress made towards achieving goals.
- Ensure that transition planning is centred on the client’s individual needs and circumstances and that the client is an informed and influential participant.
- Support the client to engage in the planning and ensure that their concerns and feedback guide these decisions.
- Where appropriate, involve support people as identified by the client.
- Ensure that planning is flexible and includes contingencies.
- Acknowledge the client’s strengths and achievements.
- Ensure that the client has the knowledge and skills for self-support and knows where to access local supports if needed.
- Consider the client’s safety and capacity for living independently and engaging with their community.
- Document a summary of supports and/or recommendations for the client to refer back to if needed.
- Offer clients the option of periodic contact with ACE following the transition.
- If the client is transitioning to support from another service, they will decide which services they would like to access. With the client’s consent, workers will provide only as much personal information as is required for the new service or program to provide support.

Exit

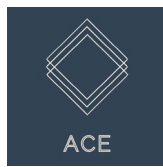
- Offer assistance with a referral to another suitable service if a client wishes to exit the program or service.
- Uphold the client’s right to refuse this offer.



- Document a plan to be followed in the event of a client's sudden exit from the service for some services and programs to facilitate client safety and a smooth transition out of the service or program at short notice.
- Attempt to contact the client to assist them in re-engaging if they disengage without contact.
- Note attempts to re-engage in the client's file.
- Send a letter to the client acknowledging cessation of contact and confirm the opportunity to re-engage should they wish, in circumstances where there are no concerns for the safety of the client and/or their children.
- Clients will not be required to undertake a second intake assessment if they choose to re-engage with the service or program within the agreed timeframes.
- Identify what has changed in the interim and what is needed to make a difference this time, if necessary.
- Consult the manager and obtain authorisation if it is reasonably foreseeable that a client's conduct could threaten the safety of other clients and workers, and appropriate precautions must be taken to meet duty of care obligations.
- Use the Mandatory Reporting Policy and Procedure in deciding whether to report concerns to the Child Protection Helpline if a client aged under 18, or a client with children disengages in an unplanned manner and workers have concerns about the safety, welfare or wellbeing of the child or young person.
- Document all attempts to notify the client that a report under mandatory reporting requirements will (or has) been made and all actions are undertaken to attempt to re-engage with the client and their children.
- Advise the client who has experienced family violence of the First Access' duty of care to promote and maintain their safety, and their children's where applicable, during the period of ACE based support.
- Develop a personal safety plan which documents mechanisms for safe communication, the client's agreed process for contact and actions to be taken by the worker if the client disengages, if necessary.

Rules and Responsibilities of Management

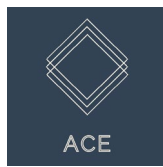
- Develop and implement the Transition Planning Policy that is client-centred and flexible, ensuring that clients can achieve their goals and receive appropriate support even after leaving the services or programs.
- Ensure that Transition Planning is an integral part of the support provided and is connected to other planning processes for clients.
- Prioritise the safety and capacity for clients to live independently and engage with their community in Transition Planning.
- Ensure that appropriate precautions are taken to meet duty of care obligations if a client is to be exited due to their conduct and consult with the manager to provide authorisation for the exit.



- Develop a personal safety plan that documents mechanisms for safe communication, the client's agreed process for contact, and actions to be taken by the worker if the client disengages due to family violence.
- Ensure that the principles guiding ACE, such as client empowerment, holistic and strengths-based, goal-oriented, dynamic and flexible, collaborative, culturally and socially safe, evidence-informed, and right to privacy and consent, are upheld in delivering effective, accessible, inclusive, and professional services.

Rules and Responsibilities of Staff

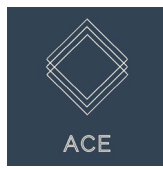
- Identify situations that prompt transition planning for clients, such as when they feel close to achieving their goals, when their needs are best met by another service, when they are moving away, when they no longer need assistance, or when they have made no progress towards their goals.
- Centre transition planning on the client's individual needs and circumstances and ensuring that the client is an informed and influential participant in the planning process.
- Support the client to engage in the planning process and ensure that their concerns and feedback guide the decisions made.
- Involve support people as identified by the client, where appropriate.
- Ensure that planning is flexible and includes contingencies to ensure a smooth and safe transition out of ACE's services or programs.
- Acknowledge the client's strengths and achievements.
- Ensure that the client has the knowledge and skills for self-support and knows where to access local supports if needed.
- Consider the client's safety and capacity for living independently and engaging with their community in the transition planning process.
- Document a summary of supports and/or recommendations for the client to refer back to, if needed, and offer periodic contact with ACE following the transition.
- Offer assistance with referral to another suitable service if a client wishes to exit ACE's program or service before achieving their goals and before transition planning, even if the worker feels ongoing support is required. Uphold the client's right to refuse this offer.
- Document a plan to be followed in the event of a client's sudden exit from the service for some services and programs to ensure their safety and a smooth transition out of the service at short notice.
- Make appropriate attempts to contact clients who disengage without contact to assist them in re-engaging and noting all attempts to re-engage in the client's file.
- Take appropriate precautions to meet duty of care obligations if a client is to be exited due to their conduct, consult with the manager, and obtain authorisation for the exit.
- Use the Mandatory Reporting Policy and Procedure to decide whether to report concerns about a child's safety, welfare, or wellbeing to the Child Protection Helpline if a client aged under 18 or a client with children disengages in an unplanned manner. If the outcome of the



Mandatory Reporting Policy and Procedure requires immediate report to the Child Protection Helpline, making the report and documenting all attempts to notify the client of the report, as well as all actions undertaken to attempt to re-engage with the client and their children.

- Advise clients who have experienced family violence of ACE's duty of care to promote and maintain their safety and that of their children during the period of our support. Developing a personal safety plan that documents mechanisms for safe communication, the client's agreed process for contact, and actions to be taken by the worker if the client disengages.

Overall, staff in ACE's Transition Planning policy must adhere to the principles of client empowerment, holistic and strengths-based assessment and planning, goal-oriented planning, dynamic and flexible engagement, collaborative practice, culturally and socially safe practice, evidence-informed practice, and the right to privacy and consent.



NDIS SUPPORT ACE POLICY AND PROCEDURES

Policy Statement

This policy outlines the procedure to be followed at ACE to support clients who have been approved as a participant in the NDIS scheme.

The procedure outlines how NDIS Plan Managers and NDIS Support Coordinators within ACE will assist clients in understanding and implement their NDIS plans. Clients will also learn how to use their NDIS-funded budgets and what administration reporting processes must be followed to meet NDIS compliance.

Scope

This policy applies to staff, management, contractors and medical professionals of ACE.

Background

At ACE, we uphold and protect the rights and dignity of clients in our care. We commit to adopting person-centred rights-based approaches to provide and understand the NDIS, its systems and implementation.

Legislative Requirements

- National Disability Insurance Scheme Act 2013
- Disability Discrimination Act 1992
- Age Discrimination Act 1992
- Australian Human Rights Commission Act 1986
- Privacy Act 1988
- Aged Care Quality and Safety Commission Act 2018
- Aged Care Quality and Safety Commission Rules 2018 (Rules)
- Aged Care Act 1997

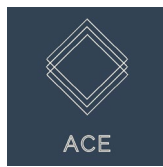
Principles that Inform Our Policy

All decision-making about our NDIS Support ACE Procedure is conducted in accordance with the principles of our NDIS Support ACE Policy.

The procedure outlines how interventions are to be used and what reporting obligations must be followed.

Our approach seeks to assist NDIS plan participants to:

- understand the NDIS system
- understand their NDIS-approved plan
- understand their NDIS-funded supports and budgets
- to involve and support the participant in using their NDIS funding



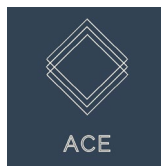
- be accountable to clients and their family members, and other supports
- comply with legislative and administrative requirements
- respond to feedback and complaints, referring to the appropriate delegation where necessary.

Key Terms

Term	Meaning	Source
NDIA	National Disability Insurance Agency	https://www.ndiscommission.gov.au
NDIS	National Disability Insurance Scheme	https://www.ndiscommission.gov.au
NDIS Local Area Coordinator (LAC)	LACs gather data and information from people in their planning meetings and pass the information onto the NDIA to be turned into a plan.	https://www.ndiscommission.gov.au
NDIS Participant	A person who has been through the planning process and has an approved NDIS plan with funding allocated within.	https://www.ndiscommission.gov.au
Support Coordinator	A support coordinator assists NDIS participants to understand and use their NDIS plan.	ACE
Plan Manager	For Participants that are not self-managed, a plan manager assists with budgeting planning, invoicing and payment of supports.	ACE
Service Agreement	Required documentation for the engagement of supports.	ACE
Support Log	Required documentation for support coordinators to record their service hours.	ACE

Links to other Policies and Documents

- Conflict of Interest Policy and Procedures
- Privacy and Confidentiality Policy and Procedures



- Code of Conduct Policy and Procedures
- Management of Care and Service Policy and Procedures
- Customer Complaints Policy and Procedures
- Information Management Policy and Procedures
- Code of Ethics

Forms:

- NDIS Service Agreement
- NDIS Participant Case Notes
- NDIS Support Log

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the NDIS Support ACE Policy to enable staff to fulfil their roles effectively.

In addition, ACE promotes information sharing at staff meetings, sharing information received from industry trends or changes in legislation, and in consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented January 2023	New Policy	January 2024

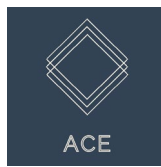
Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.

NDIS Support ACE Procedure

The allocated NDIS Case Manager:

- Receives request for service via secure encrypted email
- Contacts NDIS participant as soon as possible (ideally within two days but recognise this is not always practical)
- Meets with the participant (ideally within five days but recognise this is not always practical)
- Explains the support ACE role
- Discusses the service agreement with the participant with regard to the support ACE role
- Explains conflict of interest in terms of the support ACE role



- Explains the NDIS system and its plan, including the budgeted funding within the plan
- Assists participant to create a mygov account (if required) and log into the portal
- Creates service booking for support ACE
- Works with participant to identify what supports need to be implemented as a priority
- Communicates with other required supports to commence provision of service/support
- Follows up on service agreements and timeframes of support provision
- Completes Participant Case notes, updating at each point of contact and activity
- Completes Support Log hours for each activity.

All NDIS Support Officers are expected to:

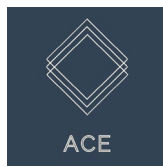
- Accept referrals and engage NDIS participants to complete service agreements.
- Support participants to understand their NDIS plan and the funding allocations and supports outlined.
- Engage with participants and collaboratively implement the funded plan.
- Provide assistance linking participants to appropriate providers to meet the needs identified in their individually funded plans.
- Coordinate a range of supports, including formal, mainstream and funded providers and support the participant to complete service agreements where required.
- Engage in formal and informal support networks.
- Resolve points of conflict or crisis to develop customers' capacity and resilience within their own network and community.
- Develop intervention plans for implementation by support workers as required.
- Advocate for the customer as needed or requested.
- Maintain up-to-date participant records/case notes.
- Provide regular feedback and reports to the NDIS and participate in the review of the plan as required.

Rights and responsibilities of Managers:

Prior to employment or engagement, management will ensure that all Support Officer employees or contractors have a:

- National Police Check
- Working With Children Check (if working with children); and
- Worker Screening Check to ensure the safety and wellbeing of all participants.

Management has the right to refuse employment or engagement if these requirements are not met in full.



Management must examine participant complaints within ten business days, providing a response within 15 business days, in line with the ACE Customer Complaint Policy and procedure.

Key Contacts and External Organisations:

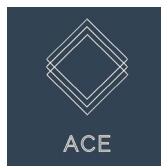
The NDIS Commission Office:

Refer to the NDIS Commission Office in each state, available at:

<https://www.ndiscommission.gov.au/providers/your-stateterritory>

NDIS Local Area Coordinators (LAC) are found at:

<https://www.ndis.gov.au/contact/locations>



INCLUSION AND DIVERSITY POLICY AND PROCEDURES

Policy Statement

The purpose of the Inclusion and Diversity Policy at ACE is to ensure the safety, wellbeing and protection of our clients is the paramount consideration in all decisions staff make and is managed in accordance with professional standards, community expectations and legal requirements.

Scope

This policy applies to clients, staff, management, medical professionals and visitors of ACE.

Background

ACE recognises that everyone has the right to be treated with fairness and equity. It is of utmost importance that our stakeholders feel a sense of belonging and are respected for their individual needs. We aim to support the wellbeing of others and embrace individual and cultural diversity. ACE actively supports the inclusion of all clients and provides an environment which is free from bias and prejudice in which everyone benefits from the principles of fairness and respect.

Legislative Requirements

- Public Service Act 1999
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Workplace Health and Safety Act 2011
- Age Discrimination Act 2004
- Disability Discrimination Act 1992
- Fair Work Act 2009

Principles that Inform Our Policy

All decision-making about our Inclusion and Diversity Procedure is carried out in accordance with the principles of our Inclusion and Diversity Policy.

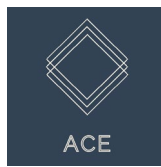
ACE is diverse. Every client brings their own unique set of strengths and challenges.

Our Inclusion and Diversity Policy ensures that all stakeholders have the strategies needed to understand and accept cultural diversity and embrace each client's uniqueness within our services.

Our Wellbeing and Support Team will assist and encourage all stakeholders to be culturally competent and respect different ways of being, benefits of diversity and honouring differences.

Our Inclusion and Diversity Policy refers to the following:

- cultural awareness and inclusion
- implementation of gender equity



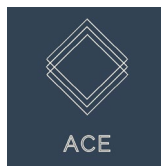
- diversity in the family household
- guidance and support of Indigenous and Torres Strait Islander people
- supporting and inclusion of additional needs.

Key Terms

Term	Meaning	Source
Diversity	Diversity includes characteristics such as age, ethnicity, gender, intellectual and/or physical ability, cultural background, sexual orientation, gender identity, or intersex status. Diversity extends to aspects, such as education, socioeconomic background, faith, marital status, family responsibilities, thinking styles, experience and work styles.	Wikipedia
Inclusion	Inclusion is the way an organisation's culture, values, workplaces and behaviours make a person feel valued, included and able to participate fully. It relates to a work environment where all people are treated fairly and respectfully, with equality of opportunity.	https://www.dca.org.au/topics/inclusion
Staff	Any person employed by the service to work in our facilities or corporate support role in a permanent, temporary, casual, or contractual capacity.	www.business.gov.au

Links to other Policies and Documents

- Choice and Independence Policy and Procedure
- Bullying and Harassment Policy and Procedure
- Accessing an Interpreter Policy and Procedure
- Housing and Homelessness Policy and Procedure
- Duty of Care Policy and Procedure



- Consumer Needs Policy and Procedure

Induction and Ongoing Training

ACE requires that induction and ongoing training of all staff include the Inclusion and Diversity Policy to enable staff to fulfil their roles effectively. In addition, ACE promotes information sharing at staff meetings, sharing information received from industry trends or changes in legislation, and in consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented July 2022		December 2022

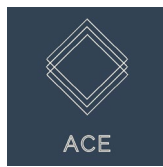
Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with educators at staff meetings.

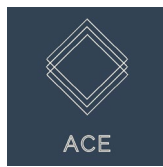
Inclusion and Diversity Procedure

ACE will achieve an inclusive environment for all clients through the following actions:

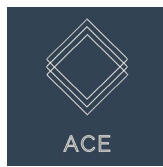
- Implementation of Gender Equity (clients and staff):
 - Staff will monitor and reflect on their own interactions for bias.
 - Gender-inclusive language will be used where appropriate.
 - Staff will promote gender equality wherever possible.
 - Provide facilities appropriate to the needs of the individual.
 - Promote compliance with the relevant legislation concerning discrimination and privacy.
 - Support clients in their choice of personal pronoun in everyday use.
 - Support the rights of each client and staff to dress in accordance with their gender identity.
 - Challenge stereotypes that promote prejudicial and biased behaviours and practices.
 - Celebrate events that support the well-being and positive identity of gender and sexuality.
- Cultural awareness and inclusions:
 - Staff, clients and families will be provided with resources and opportunities to learn about culture, cultural safety and cultural awareness.



- Staff will work together to learn about each other as well as work with clients and families to establish relevant cultural competence.
- Staff will respectfully assist clients in learning about similarities and differences when making inappropriate cultural statements.
- Staff will help clients to become aware of our shared physical characteristics of what makes us all human.
- ACE will value and recognise cultural diversity through Multicultural Celebrations.
- Guidance and support of Indigenous and Torres Strait Islander People:
 - Staff will deepen their own knowledge and understanding of Indigenous and Torres Strait Islander culture through attending professional development, reading current information and regularly reflecting together as a team to embed Indigenous and Torres Strait Islander perspectives and culture.
 - To develop an acknowledgement of country, which will be displayed and demonstrated at special events at ACE.
 - Staff will show respect for the Indigenous and Torres Strait Islander culture, aiming to instil sensitivity/appreciation of the culture and a knowing and valuing of individuals.
 - ACE will ensure the organisation is made accessible to Aboriginal and Torres Strait Islander people to access academic, social and cultural support through targeted programs.
 - Staff will show sensitivity and respect the numerous Indigenous and Torres Strait Islander languages by incorporating, where possible verbal and visual language into the environment.
 - ACE will commit to a NAIDOC celebration each year.
 - Staff will access and encourage the involvement of the Indigenous and Torres Strait Islander clients, staff and community members who have a vast knowledge of their culture.
- Supporting and inclusion of additional needs:
 - Staff will work collaboratively with clients, families and specialist to understand and support the individual needs.
 - Staff will undergo professional development to increase knowledge of additional need varieties and develop skills to support them.
 - ACE will, wherever possible, provide required resources to support clients – ex-visual aids.
 - Provide Individualised Planning processes.
- ACE offers the following support services to all clients:
 - personal support
 - social support



- domestic support
 - allied health
 - counselling services
 - interpreter services
 - career planning.
- ACE links with many support services, including the following examples:
 - Australian Apprenticeship Network
 - Beyond Blue
 - Aboriginal Community Controlled Organisations (ACCOs)
 - True Relationships and Reproductive Health
 - Disability Employment Services
 - Disability Services – NDIS
 - Family and Domestic Violence Services
 - Head Space
 - Triple P.



INTERVENTION AND BEHAVIOUR SUPPORT POLICY AND PROCEDURES

Policy Statement

At ACE, we aim to create a safe, nurturing and empowering environment for clients where individual needs are met to enable everyone to maintain optimum levels of physical, social and emotional wellbeing. We strive to protect the rights and dignity of individuals in our care at all times. This policy outlines the acceptable interventions to be used at ACE to respond to challenging, inappropriate or harmful behaviour by clients and to outline ACE's behaviour support strategy.

Scope

This policy applies to clients, staff, management, medical professionals and visitors of ACE.

Background

In order to balance the rights and safety of our clients, this policy aims to provide clear guidance on the use of interventions and the behaviour support process available to respond to challenging, inappropriate or harmful behaviour by clients. In some cases, challenging behaviour or changes in behaviour that require intervention and support strategies often relate to children and young people due to their vulnerabilities having been exposed to some form of abuse or neglect.

Other behaviours may arise from clients with a disability or mental health issue or as a result of trauma, stress, anger or despair.

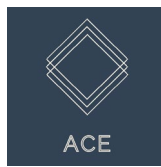
The objectives are:

- to encourage and provide a framework for using Positive Behaviour Support as the preferred main system for managing challenging behaviours
- to ensure that staff are educated about prohibited practices and are aware of ACE's zero-tolerance approach to the use of these practices.

Legislative Requirements

- Information Privacy Act 2014
- Privacy Act 1988
- Australian Human Rights Commission Act 1986
- National Framework for Alcohol, Tobacco and Other Drug Treatment 2019-2029
- National Quality Framework for Drug and Alcohol Treatment Services
- Severe Substance Dependence Treatment Act 2010
- Drugs, Poisons and Controlled Substances Act 1981
- Mental Health Act 2014
- Children, Youth and Families Act 2005

Principles that Inform Our Policy



All decision-making about our Intervention and Behaviour Support Procedure is carried out in accordance with the principles of our Intervention and Behaviour Support Policy.

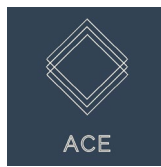
- At ACE, we uphold and protect the rights and dignity of our clients. We seek to create an environment where each client enjoys optimum levels of physical, social and emotional wellbeing.
- To this end, we commit to adopting person-centred, rights-based approaches in our response to challenging behaviours.
- All staff, board members, students and volunteers are to have an appropriate understanding of how to meet the organisation’s legal and ethical obligations to ensure privacy and confidentiality.
- Management of concerning behaviours will be closely monitored and require ongoing case management and team meetings for optimum results, accountability and positive outcomes.

Our approach seeks to:

- understand the person and the environment as well as the behaviour
- understand the underlying causes of challenging behaviour and address them
- use positive, evidence-based approaches
- involve the client where relevant as an active participant in assessment and establishing positive behaviour support
- respond to feedback
- be accountable to clients and their family members
- comply with legislative requirements through clear reporting
- ensure that restrictive practices (outside of an approved positive behaviour plan with the NDIS) are not supported in any circumstance, and in particular, investigate any report of restrictive practice being used as a form of physical punishment.

Key Terms

Term	Meaning	Source
Behaviour Support Plan (BSP)	Any client that requires behaviour support must have a Behaviour Support Plan (BSP) included in their care plan. BSPs are developed in collaboration with the client, their family members, and an authorised NDIS behaviour support practitioner (where appropriate).	https://www.ndiscommission.gov.au/providers/understanding-behaviour-support-and-restrictive-practices-providers

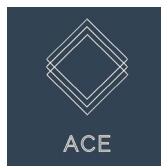


Term	Meaning	Source
Behaviours of concern (also termed challenging behaviour)	Any behaviour with the potential to harm another person physically or psychologically or self or property. It can range from verbal abuse through to threats or acts of physical violence.	SA Health, 2016
Restrictive Practices	A restrictive practice is any practice or intervention that has the effect of restricting the rights or freedom of movement of an NDIS consumer	https://www.facs.nsw.gov.au
Prohibited Practice	<p>It is now recognised that some forms of restrictive practices pose an unacceptable risk of harm to people and must never be used. These practices are prohibited and therefore not considered to be regulated restrictive practices.</p> <p>Use of prohibited practices must be reported to the NDIS Quality and Safeguards Commission incident reporting team for NDIS participants and to the Department of Communities for state disability funded participants.</p>	https://www.wa.gov.au/system/files/2021-07/Prohibited-practices.pdf

Links to other Policies and Documents

- Child Safeguarding Policy and Procedures
- Domestic and Family Violence Policy and Procedures
- Reporting and Recording Behaviour Policy and Procedures
- Privacy and Confidentiality Policy and Procedures
- Housing and Homelessness Policy and Procedures
- Code of Conduct Policy and Procedures
- Mandatory Reporting Policy and Procedures
- Whistle-blowers Protection Policy and Procedures

Induction and Ongoing Training



ACE requires that induction and ongoing training of all staff include the Intervention and Behaviour Support Policy to enable staff to fulfil their roles effectively. In addition, ACE promotes information sharing at staff meetings, sharing of information received from industry trends or changes in legislation, and consultation at policy review sessions.

Policy Created/Reviewed

Policy Created/Reviewed	Modifications	Next Review Date
Implemented January 2023	New policy	January 2024

Monitoring, Evaluation and Review

This policy will be reviewed annually or on the occurrence of any relevant legislative change. Management of ACE will conduct reviews in consultation with staff and managers at respective meetings.

Intervention and Behaviour Support Procedure

In relation to Collection of Information

The privacy of personal information is defined by legislation, Privacy Act 1988 (Cth). At all times, we act according to these legal requirements underpinned by the procedures outlined below.

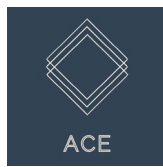
We also strive to respect the confidentiality of other sensitive information. However, in the spirit of partnership, we share information with service users and other involved individuals and organisations (subject to consent) where it would be in the best interest of the service user or other individuals to do so.

Personal information collected by us is only for purposes which are directly related to the functions or activities of the organisation. These purposes include:

- enquiry about programs
- referral to programs
- providing treatment and support to service users
- administrative activities, including human resources management.
- sector development activities
- community development activities
- complaint handling.

For more detailed information about these purposes and the information handling practices that apply, refer to the Record Keeping Policy and Procedure and the Complaints Policy and Procedure.

We provide information to service users on collecting health and personal information, including:



- purpose of collecting information
- how the information will be used
- who information may be transferred to (if anyone), and under what circumstances will information be transferred
- limits to the privacy of personal information
- how a service user can access or amend their health information
- how a service user can make a complaint about the use of their personal information.

In relation to Behaviours of Concern

Behaviours of concern will be the trigger in identifying when a Behaviour Support Response is required, and the development of a Behaviour Support Plan is needed.

A behaviour of concern is any behaviour that poses a risk of physical harm to the individual themselves, a carer, a staff member or any other person.

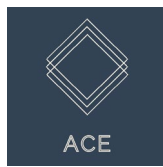
Such behaviours, whether with intent or not, have the likelihood of being destructive to property and causing injury to persons.

Management will be responsible for the following:

- Ensuring each client's support workers receive training when a new Behaviour Support Plan is created.
- Authorise the use of physical, environmental or seclusion if stated in the Behaviour Support Plan. This is permissible only if other positive behaviour interventions have failed.
- Request the presence of a medical professional if a person presents a risk of harm to themselves or others and if other positive behaviour interventions have failed.
- Ensuring the ACE Restrictive Practices Register is updated daily and submitted to NDIS every 28 days where relevant.
- Ensuring a Behaviour Support Response occurs when a person or child displays behaviours of concern.
- Provide staff with a referral system, advice and strategies to assist them in managing the behaviour using positive approaches that are collaborative and age-appropriate.

Staff will ensure the following:

- Have the right to be safe at work and to work in an environment free from the risk of physical assault.
- Ensure they understand and comply with each client's Behaviour Support Plan.
- Notify the Case Manager if they do not understand any aspect of the Behaviour Support Plan.
- Complete ACE training session on Behaviour Support, Restrictive Practices and Prohibited Practices on commencing employment.



- Get approval from their nominated manager or supervisor to use restrictive practices if they are not authorised to do so in the Behaviour Support Plan.
- Log any use of restrictive practices on the ACE Restrictive Practices Register.
- Request assistance from a medical professional or a supervisor if they believe a client presents a danger to themselves or others.
- Report any use of prohibited practices by any staff member, contractor or volunteer to the Case Manager immediately.

In relation to Behaviour Support Assessment

An accredited behaviour support practitioner must assess any client who displays challenging behaviour. The assessment process should aim to involve the client, their family members, carers or guardians, and the ACE case manager. The values informing the assessment process must be based on a person-centred approach.

- Behaviour support assessment involves a five-step cycle:
 - Seek informed consent from clients and family members before the assessment.
 - Maintain privacy, confidentiality and correct documentation, including a Behaviour Support Plan.
 - Train key staff in the implementation of the Behaviour Support Plan.
 - Elicit regular feedback from key stakeholders, including the client and their family.
 - Review Behaviour Support Plans on an annual basis as a minimum.
- Behaviour Support Plans will consider antecedents, environmental factors and the person's strengths and interests.
- Clients and/or their families may dispute Behaviour Support strategies by meeting with or emailing the relevant Case Manager.

In relation to Restrictive Practices:

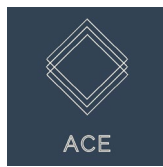
- As an overarching policy across all ACE divisions, restrictive practices are to be used only as an absolute last resort, in a manner approved by an accredited Behaviour Support practitioner and only after other positive intervention strategies have failed.
- In instances where a case worker uses a restrictive practice, a supervisor must approve this.
- All use of restrictive practices must be logged in the ACE Restrictive Practices Register, which the relevant Case Manager reports to the NDIS every 28 days.

In relation to Prohibited Practices:

Prohibited practices as defined by the NDIS must never be used at a ACE service or by any staff member, consultant or volunteer.

The following physical restraints are prohibited:

- the use of prone or supine restraint
- pin downs



- basket holds
- takedown techniques
- any physical restraint that has the purpose or effect of restraining or inhibiting a person's respiratory or digestive functioning
- any physical restraint that has the effect of pushing the person's head forward onto their chest
- any physical restraint that has the purpose or effect of compelling a person's compliance through the infliction of pain, hyperextension of joints, or by applying pressure to the chest or joints.

The following punitive approaches are prohibited:

- aversive practices (use of unpleasant physical or sensory stimuli to modify behaviour or to punish)
- overcorrection (requiring a person to perform restitutive actions either repeatedly or to a significantly higher standard than before a behaviour occurred)
- denial of key needs
- practices related to degradation or vilification
- practices that limit or deny access to culture
- response cost punishment strategies (withdrawal of a preferred item or experience in an attempt to modify behaviour or to punish).