Guidelines for diversion services

For staff working across Cell Visitor, Community Patrol and Diversion Centre services

Effective from August 2014

Queensland Government

These guidelines complement the standard requirements for organisations funded by the Department of Communities, Child Safety and Disability Services as detailed in the service agreements and *Human Services Quality Framework,*[1] and should be read in conjunction with individual agency policy and procedures.

The content reflects contemporary service delivery and is based on the available evidence regarding good practice delivered by all diversion services.

The department is committed to reviewing and updating these guidelines in consultation with funded organisations as required.

Contents

1. Acknowledgements

The development of these guidelines is the result of contributions from a range of key non-government agencies and partners that provide assistance to Aboriginal and Torres Strait Islander people at risk of harm or of being taken into police custody as a result of intoxication in public spaces, or who are already in custody for intoxication related offences. We gratefully acknowledge the contributions of these non-government agencies that have provided their valuable practice, knowledge and advice.

2. Purpose

These *Guidelines for diversion services* outline the required, shared practices of diversion services funded by the Department of Communities, Child Safety and Disability Services ('the department' or DCCSDS), and replaces the *Cell Visitors, Diversionary Centre Workers and Watchhouses: A Guide and Information Kit* prepared by Queensland Police Services in 2000.

The guidelines define the agreed elements that constitute a good practice approach to ensuring client safety and immediate support needs are identified and responded to in an efficient and consistent manner. By providing a standardised approach, the guidelines will consolidate the good work already being delivered by the network of community-based agencies.

3. Overview of diversion services

The department launched a program of diversion services across Queensland in 1995 in response to recommendations of the *Royal Commission into Aboriginal Deaths in Custody* (1991).

Diversion services provide assistance to Aboriginal and Torres Strait Islander people who are at risk of harm or of being taken into police custody as a result of intoxication in public spaces, or who are already in custody for intoxication related offences.

As a direct result of their high levels of alcohol use, clients of diversion services often present with significantly high health risks which can lead to severe injury or death. In addition to acute health and support needs, these clients are often dealing with multiple and complex social issues such as:

- chronic homelessness
- entrenched unemployment
- intergenerational trauma
- significant family and relationship dysfunction.

Diversion services are **not** detoxification or rehabilitation services, and diversion services staff are **not** expected to undertake duties of medics or nurses. However, there is an onus on funded diversion services to take appropriate care with these clients and work in an inclusive way to engage and provide supports aimed at minimising and reducing harm.

Staff providing services to this client group should be guided in their work by a clear set of evidence-based procedures that not only ensure the safety of clients, but also equally prioritise staff safety in situations that often involve challenging behaviours.

Diversion services are located in seven city centres across Queensland — Cairns, Townsville, Mount Isa, Rockhampton, Mackay, Brisbane and the Sunshine Coast — and also on Palm Island.

The three service types comprising diversion services are:

Figure 1 — Diversion services roles and responsibilities

As shown in Figure 1, each diversion service type has a distinct, yet intersecting role in ensuring that Aboriginal and Torres Strait Islander people have access to effective and appropriate information, care and treatment if they are intoxicated in public spaces.

These guidelines are designed to help diversion service staff to understand the roles and responsibilities of each service type and to ultimately work together in the best interests of the people requiring support.

The core work of all diversion services should demonstrate a cooperative, shared responsibility approach to working with clients.

For more information regarding collaborative practice, refer to Principle 3 of *Key Practice Principles and Actions* within the 'Resources' section of this information kit.

4. Diversion Services Framework

These guidelines consist of several sections which together form a framework of good practice to be shared by all staff of diversion services. This framework supports the department's expectations of diversion services and the progression of innovative, evidence-based and culturally respectful practice with Aboriginal and Torres Strait Islander people.

Each element within the guidelines is of equal importance and one element should not be prioritised over others.

Key practice principles

- Support the safety and wellbeing of clients
- Strengthen positive cultural connections
- Work in a collaborative way to support positive outcomes for clients
- Ensure client confidentiality

Quality service indicators

- Human Services Quality Framework
- Annual service assessment of diversion services

Staff skills and knowledge

- Cultural respect
- Safety
- Confidentiality
- Communication
- Inclusive practice
- Alcohol and other drugs knowledge
- Emergencies
- Professional development

Stages of client support

- Engagement
- Client needs and risks identification
- Observation
- Support planning
- Consent
- Referral
- Supporting family members
- Transportation of clients
- End of support period
- Feedback and complaints

Tools and resources

- Tools for Cell Visitor Services
- Tools for Community Patrol Services
- Tools for Diversion Centres
- Key Practice Principles and Actions
- Chronology of client support
- DRSABCD Basic Life Support
- Emergency contacts card
- Diversion Services Framework

5. Key practice principles and actions

The provision of support by diversion service clients is guided by four key practice principles:

1. Support the safety and wellbeing of clients
2. Strengthen positive cultural connections
3. Work in a collaborative way to support positive outcomes for clients
4. Ensure client confidentiality.

These principles ensure a consistent approach to effective interventions with clients and should be used as the basis for all service provision.

Refer to the *Key practice principles and actions* within the 'Resources' section for a list of the actions connected to each of the four practice principles.

Your service may wish to print and display this document as a daily reminder of the foundations of service delivery.

The provision of support by diversion service clients is guided by four key practice principles:

1 Support the safety and wellbeing of clients

2 Strengthen positive cultural connections

3 Work in a collaborative way to support positive outcomes for clients

4 Ensure client confidentiality

6. Quality services

Clients must be confident that the support they receive from diversion services will be of a consistently high quality.

To achieve this, diversion services should demonstrate their commitment to ensuring the safety of clients and the quality of service provision by establishing clear, documented practice standards and supporting these with processes to ensure continuous improvement.

6.1 Human Services Quality Framework

The *Human Services Quality Framework* (HSQF) is the Department of Communities, Child Safety and Disability Services' new quality framework for funded organisations. The HSQF was developed in partnership with the non-government sector to reduce duplication and compliance burden for organisations, while maintaining important safeguards for clients.

The HSQF contains a set of common standards, known as the Human Services Quality Standards, which apply to all departmentally funded organisations. These six standards cover the core elements of quality service provision and provide a benchmark for measuring service delivery to promote consistency across funded organisations.

Under the HSQF, organisations delivering service types, determined by the department as being in-scope for certification, are required to be independently reviewed by JAS-ANZ (Joint Accreditation System of Australia and New Zealand) accredited auditors to assess their compliance with the standards across those service types.

The HSQF is being implemented in planned phases through to 2016, and flexible arrangements will be in place to support organisations with their transition. A list of service types identified as in-scope for certification for the current phase of implementation is available from the department's website. The department will notify funded organisations when changes to this list are made to include additional service types.

Organisations not currently certified under HSQF will have up to 18 months from the funding schedule start date to achieve certification for in-scope services, unless the department considers that achieving certification within this timeframe is not appropriate or reasonably achievable, and agrees to a different timeframe. For further information on the HSQF please visit the department's website at http://www.communities.qld.gov.au/hsqf

6.1.1 Audit of diversion services

Under the HSQF, service providers are externally audited for compliance against the Human Service Quality Standards. Audits of diversion services will be conducted every three years by independent assessors.

A specific component of auditing processes will include an assessment of the service provider's compliance in implementing the guidelines as outlined in the toolkit, and how it links to an organisation's operational policies and procedures.

6.2 Service assessment of diversion services

The Department of Communities, Child Safety and Disability Services undertakes service assessments of funded services. The purpose of the service assessment is to determine how service providers are performing against and complying with their service agreements.

It provides an opportunity for departmental officers to sit down with the service to discuss how services are being delivered and how other requirements set out in the agreement are being met.

7. Staff skills and knowledge

Staff of diversion services need to possess specific professional capabilities.

These include the ability to:

- engage with Aboriginal and Torres Strait Islander people
- provide support to people who are intoxicated and who may also have multiple, complex support needs
- work collaboratively with other diversion service staff and other stakeholders.

Diversion services staff should also have:

- strong community links and local knowledge
- social, cultural and geographical understandings
- knowledge of the risks faced by this particular client group
- compassion and empathy with the situation of clients.

As such, diversion service staff should be appropriately trained and possess suitable skills to meet the complex needs of the client group, particularly in regards to safety, cultural capability, working with people under the influence of alcohol, applying first aid and supporting people that may be at risk of self-harm.

7.1 Cultural respect

To be effective, diversion services must provide culturally respectful support to Aboriginal and Torres Strait Islander people affected by alcohol-related problems, as well as their families. Cultural awareness, cultural competence and cultural safety are key elements in ensuring services are delivered in an appropriate manner.

Cultural awareness

Cultural awareness is the knowledge and understanding of the history, values, belief systems, experiences and lifestyles of Aboriginal and Torres Strait Islander people. It is not about becoming an 'expert' but about being aware of the potential for differences, appreciating and understanding those differences, accepting that differences exist and recognising how these differences may impact on delivering services.

Cultural awareness is also about understanding traditional Aboriginal and Torres Strait Islander people's values and the effect those values have had in developing Queensland's communities.

In addition it involves personal reflection about one's own culture, biases and tendency to stereotype.

In action

Ways of supporting cultural awareness:

- Organisations employ Aboriginal and Torres Strait Islander staff in diversion services.
- Organisations have recruitment practices and processes in place that value Aboriginal and Torres Strait Islander knowledge, skills, networks and ways of communicating.
- Organisations provide cultural awareness training to non-Indigenous staff, delivered by members of the local Indigenous community wherever possible (so that local histories inform practice).

7.1 Cultural respect (continued)

Cultural competence

Cultural competence refers to the capacity of a service to provide effective care to a client when the two may have different cultural backgrounds. Cultural competence involves using knowledge of Aboriginal and Torres Strait Island cultures to bring about better outcomes for clients.

In action

Suggestions for working with Aboriginal and Torres Strait Islander people:

- Silence is fine.
- Always ask where clients are from. If you know people in that community, you could say you've met them.
- Be aware of the potential impact of previous government policies on clients, their families and communities.
- Be aware of a client's potential experiences in relation to policing, justice and child protection.
- Treat people as individuals — don't make assumptions and don't be patronising.
- Understand that Aboriginal and Torres Strait Islander people usually have an extended network of family members.
- Be aware that there is a great degree of diversity in Aboriginal and Torres Strait Islander culture and peoples.
- Be aware that cultural practices and protocol will vary between different peoples across Queensland.[2]

Cultural safety

Cultural safety refers to a client's perspective on and experience with a service provider. Clients need to feel that their service provider acknowledges and respects differences of cultural identity, acknowledges the power relationship between the service and the client, and attempts to reduce inequality.

Unsafe cultural practice is any action that diminishes, demeans or disempowers the cultural identity and wellbeing of a person. Clients who feel unsafe and who are unable to communicate effectively may not receive the assistance they need.[3]

In action

Providing a culturally appropriate Diversion Centre:

- Ensure signage of the Diversion Centre is culturally appropriate for the local Indigenous community.
- Ensure that Aboriginal and Torres Strait Islander clients who do not speak or read English can easily understand the signage.
- Display artwork or signage that is acceptable to both men and women.
- Ensure signage instructions such as 'no bad behaviour' are presented in a non-judgmental way.
- Provide designated and appropriately signed areas within the Diversion Centre to accommodate men and women.
- Ensure Aboriginal and Torres Strait Islander clients know what support services can be provided by the Diversion Centre and how they can be accessed.[4]

7.2 Safety

Ensuring the safety of staff, clients and those nearby is one of the most important functions provided by diversion services.

Safety is particularly important for services undertaking outreach work, where staff may have limited support immediately available to them.

In action

Guidelines for increasing safety include:

- Staff undertaking outreach work must be given a mobile phone to use in case of emergencies.
- Diversion Centre and Community Patrol staff must work in teams and should never be alone on a shift. Diversion services are funded to provide a minimum of two staff for each shift (usually a male and a female) to ensure the safety of staff and clients.
- Staff are not expected to tolerate aggressive behaviour and should not intervene in violent situations.
- During night shifts, staff and clients may have additional safety needs that should be considered. These specific precautions should be clearly referenced in the policy and procedure manuals of individual diversion service agencies.
- To support the safety of staff and promote diversion services as places of social harmony and reconciliation, staff must ensure that all diversion services are alcohol and drug free workplaces.

7.3 Confidentiality

Confidentiality is a critical part of the professional relationship between diversion service staff and clients.

The fear of having personal issues spoken about in the community can result in a client choosing not to seek help.

Staff should inform clients that their information will not be shared with family members without their consent.

For more information regarding client consent, refer to Section 8.5.

In action

Suggestions for discussing confidentiality:

- When working with clients, it is important to be clear and open about what you can and cannot promise in terms of confidentiality. For example, you can reassure clients that you will not talk to anyone about them without their permission.
- However, you should also tell the client that you have professional obligations should they share certain information. For example, if you have concerns about the safety of children or if the client tells you they are about to commit a serious crime, then you must report this to the relevant agency.[5]

7.4 Communication

Clients of diversion services may be hard to engage due to their high levels of intoxication. When communicating with intoxicated clients, staff should use plain English while remembering that, even if clients can usually speak English well, they may have difficulty understanding.

It is important for diversion services staff to develop and maintain culturally appropriate communication with Aboriginal and Torres Strait Islander people. Staff should aim to ensure that the client feels culturally understood and is assisted accordingly.

7.4.1 Calming aggressive clients

Alcohol intoxication changes the way a person's brain functions and may affect their moods, emotions and thinking. The personality or character of an intoxicated person may appear to be very different compared to when they are not affected by alcohol.[6]

If an intoxicated client becomes verbally or physically abusive, or displays difficult behaviour, it may be due to a serious head injury or another medical emergency. It may also be because the client has used other drugs with alcohol.[7]

It can be difficult not to be offended or upset by the behaviour of some clients, particularly if they are abusive. However it is important for staff to not take the client's behaviour personally, as it is their condition that is most likely to be causing their behaviour.[8]

The first thing to do in any aggressive situation is to keep yourself safe. Next, try to keep others safe. And then, as much as possible, try to make sure that the aggressive person is safe as well. But you come first. If you are not safe, you will not be able to help anyone else.[9]

In action

Steps for calming an agitated client:

- Talk to the client in a calm voice.
- If safe and appropriate, ask other staff and clients who are present to leave the area, as sometimes a situation can get worse if there are a lot of people around.
- If there is someone nearby who is very familiar with the client (for example a relative, friend or other staff member), ask this person to talk to the client.
- Stay calm, introduce yourself (if the client does not know you), and be respectful and polite.
- Keep things simple when talking to the client: use short sentences, explain things clearly and make sure the client understands what is being said.
- Focus on the current problem and try to work with the client to identify what could be done to help make the situation better now (instead of focusing on the bigger issues that may take more time to manage).
- Do not challenge the person or get caught in an argument. If you start to feel angry and do not think you can control your reactions, try to get out of the situation as soon as you can. You could ask another staff member to help.
- If the client is angry because the service has made a mistake, apologise to the client.[10]

7.4.2 Responding to aggressive clients

Knowing when to seek the help of additional staff members and when to contact the police is a critical skill for all diversion services staff.

In action

Dealing with an aggressive client:

If a client begins to display aggressive behaviour:

- Do not get too close to the person — this will keep you out of hitting and kicking range.
- Try not to turn your back to the client.
- If you are inside, try to stay near an exit, but do not block the person from leaving or make them feel like they cannot leave.
- Stand in front and slightly to the side of the person, and avoid folding your arms or staring (as this could appear like you are trying to be intimidating).
- If you cannot manage the situation on your own, ask staff for immediate help.
- If the person has a weapon, leave the area as soon as you can and tell other nearby staff or clients so they do not enter the area. Contact the police.[11]

7.4.3 What to do after an aggressive incident

A volatile situation can be difficult for all involved and it can be challenging to think clearly after an aggressive incident. However it is important for everyone to have the opportunity to consider what occurred and the impact it had on them.

In action

Steps to take after a client has been aggressive:

- Seek help straight away for anyone who has been injured or is feeling upset as a result of the aggressive incident. An ambulance may need to be called for injuries.
- The involved staff members should be given the opportunity to sit down with their manager or another staff member to talk about what has happened (this is called 'debriefing').
- If anyone needs more help (for example counselling), service managers should outline the available support and encourage its use.
- The manager and team should then discuss how to prevent further aggressive situations from happening with the particular client. This could involve developing a plan or agreement with the client to prevent or manage aggressive behaviour and their possible exclusion from the service in the future. This plan could also involve family members and, in some cases, the police.
- In the event of a serious injury or major property damage, or if you believe the situation needs to be recorded for the management of potential future incidents, the manager should complete and submit a *Critical incident report*, provided in the 'Tools' section of the information kit.

7.5 Inclusive practice

Diversion services must ensure the safety and dignity of all clients.

As diversion services provide support to clients who may not, because of their high levels of intoxication, be able to access support from other community based organisations, every effort must be made not to exclude clients.

Exclusion of clients from diversion services should only occur as a last resort, for a minimal amount of time and should only be in response to a safety issue (for example, the client is aggressive or physical with staff or other clients) that cannot be managed any other way.

It is not appropriate for clients to be excluded from receiving support from diversion services because of disability or mobility issues, or because they present with chronic health issues (for example, mental health issues, or requiring dialysis).

Staff training and organisational procedures should develop staff capability to respond appropriately to clients and prevent exclusion of clients.

Diversion services should work with their local service system in an integrated way to facilitate client referral access to appropriate services and supports.

In action

Steps for preventing exclusion of clients:

- If a client begins to display aggressive behaviours, action the communication strategies detailed in Section 7.4. If the behaviours escalate and the situation can no longer be managed, call the police.
- If a client with a chronic health issue requires support, liaise with relevant health services for advice on how best to support the client. If the health issue requires medical attention, call an ambulance.
- If a client with a disability or mobility issue requires support, appropriate modifications should be made to accommodate the client's needs.

7.6 Alcohol and other drugs knowledge

Staff of diversion services must possess appropriate knowledge about the effects of drugs and alcohol, and be encouraged to access suitable training and professional development on a regular basis to ensure their skills and knowledge are up-to-date.

Refer to the *Dovetail Guide 3: Practice Strategies and Interventions: youth alcohol and drug good practice guide* provided within the 'References' section of these guidelines.

7.6.1 Overdose

Intoxication in itself can be a serious risk to life, as it may result in overdose and even death.

Intoxication may also be complicated by severe injury (such as a head injury), and some medical conditions may look like intoxication. Not recognising the difference could result in a fatality.

Refer to Section 7.7 for more information about responding to an overdose in an emergency.

In action

Signs of a client experiencing an overdose can include the following:

- strong smell of alcohol
- slow and noisy breathing
- fast heart rate or slowed heart rate
- lessening consciousness or coma
- cold and clammy skin
- drop in body temperature
- drop in blood pressure.[12]

7.6 Alcohol and other drugs knowledge (continued)

7.6.2 Intoxication

Intoxication can be defined as 'the consumption of alcohol or drugs to the extent that the person cannot function within their normal range of physical and intellectual abilities'. Sometimes the effects of intoxication may appear involuntary.[13]

In action

Signs of client intoxication can include the following:

- trouble walking
- difficulty sitting in a chair
- slurred or incoherent speech — is it difficult to understand what they are saying? (If you know the client and English is not their first language, have they reverted to speaking in their first language?)
- reduced consciousness — are they getting drowsy or are they hard to wake?
- poor hand/eye coordination
- nausea and vomiting
- outbursts of unusual or unexpected behaviour, for example, laughing or crying inappropriately
- reduced ability to feel or react to pain despite an obvious injury or illness
- altered mood or mood swings — are they very happy and then suddenly angry or sad, or vice versa?
- problems with their memory or thinking, or poor problem-solving abilities
- a way of behaving that seems too relaxed or over confident
- loss of social inhibitions — are they saying and/or doing things that would usually be considered rude or inappropriate
- disorientation and confusion
- overpowering smell of alcohol or chemical fumes
- excessive sweating
- grinding of teeth and jaw
- excessively dilated and/or constricted pupils
- inability to focus
- high levels of distress or anxiety.[14]

7.6.3 Withdrawal

Diversion centres are not alcohol detoxification or rehabilitation centres. If a client requests detoxification or rehabilitation support, they should be referred to an appropriate primary health service or hospital.

When someone who is dependent on alcohol or other drugs first stops using, they may feel unwell or have sleep or mood changes for a period of time. This experience is known as 'withdrawal'.

The more severe the withdrawal, the longer it lasts. Figure 2 below provides a list of the symptoms associated with different levels of withdrawal.

In the event of a natural disaster, services should have appropriate contingency plans in place to be able to support clients experiencing early stages of withdrawal.

Figure 2 — Levels of withdrawal and associated symptoms

In action	
Severity of withdrawal	**Symptoms of withdrawal**
Mild	• poor sleep for a few nights • a bit stressed by day • feels anxious or mildly restless • typically lasts 1 to 3 days.
Moderate	• tremors • anxiety and fast heart rate • sweating, diarrhoea and vomiting • raised blood pressure and temperature • usually peaks at 48 hours and lasts for a week.
Severe	• may include hallucinations and confusion, as well as the other features of mild and moderate withdrawal • this type of confusion is called 'delirium tremens' (DTs) and needs urgent medical treatment; people with DTs can die if not treated quickly • peaks at day 4 and can last up to 10 days.[15]

7.6 Alcohol and other drugs knowledge (continued)

7.6.4 Harm reduction

Harm reduction strategies are ways to reduce the harmful effects of alcohol or drugs, even if a person will not or cannot stop using.

Diversion services staff should not try to eradicate or reduce a client's alcohol use but rather strive to minimise the adverse consequences of their drinking.

This can be challenging but there are often simple ways clients can be helped, such as encouraging them to eat food and drink water prior to consuming alcohol.

If the client will engage in a discussion about their drinking, ask them to think about ways they can reduce the impact of alcohol or drugs on themselves. For example, increasing the time between drinking sessions.[16]

Client's choices

Diversion services staff may disagree with a client's choices regarding their consumption of alcohol.

It is important to tell clients if you believe their decision is risky or harmful to them, however in the end the decision to drink or not drink is theirs.

7.7 Emergencies

7.7.1 Medical emergencies

Diversion services staff are not medical or nursing staff and are not expected to assess, diagnose or treat any complications from intoxication or withdrawal, or to manage medical conditions of any kind.

Diversion services staff are expected to respond appropriately to the range of emotional, physical and psychological needs that clients may present with.

However, staff should always be aware that clients may have a critical medical condition needing immediate attention. Clients should not simply be assumed to be 'drunk' when they may, in fact, be experiencing a serious condition such as head injury, stroke, low blood sugar, overdose or acute infection.

First aid kits must be accessible for all diversion services staff, whether they are undertaking outreach, or working within a Diversion Centre or watchhouse.

Emergency contacts

Always keep emergency contact details listed somewhere visible and accessible:

- **ambulance and police (000)**
- **emergency 24-hour phone numbers of the nearest hospital**
- **Poisons Information Centre 13 11 26 (24 hour national service)**[17]

Refer to the *Emergency contacts card* provided in the 'Resources' section of the information kit.

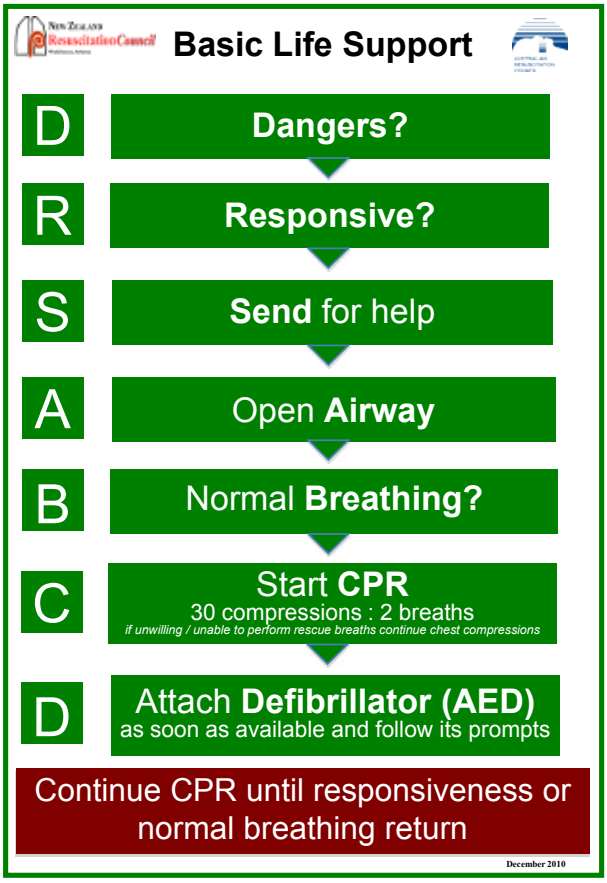
Include information regarding your local emergency support services on the back of the card.

7.7.1.1 Responding to a medical emergency

To prevent death or to minimise the threat to a client's life, it is vital that all diversion services staff have an up-to-date First Aid Certificate.

If a critical medical emergency arises, and first aid is required, the DRSABCD Basic Life Support (Figure 3 below) should be followed.

Figure 3 — DRSABCD Basic Life Support[18]



7.7.1.2 Choking

An intoxicated client is at increased risk of choking as a result of inhaling fluid or other matters into the lungs.

In action

To reduce the risk of choking:

- As a first step, follow the DRSABCD.
- Do not give the client any food until they are sober.
- Offer sips of water only. If the client is unable to drink water, an ambulance may need to be called.[19]

7.7 Emergencies (continued)

7.7.1.3 Seizures

A seizure can be life threatening.

Intoxicated clients may have a seizure for a number of reasons including:

- they may have a previous condition of epilepsy
- they may have a head injury
- they may be experiencing a serious withdrawal symptom — this is most common the first day after a person has stopped drinking.

In action

If a client has a seizure, the following protocol should be used:

- do not try to move, restrain or hold the client down
- move hard or sharp objects away to prevent accidental injury
- protect the client's head as best you can by using a jacket or pillow; if their body is not violently jerking, you may be able to gently support their head with your hands
- take note of the time the fit starts and ends, and ring for an ambulance as soon as possible.

When the person has stopped fitting:

- gently roll them onto their side and place the highest/top leg in a bent position towards their stomach (the recovery position)
- loosen any tight clothing around their neck and make sure they can breathe properly
- talk to them and reassure them they are safe
- try to get them to respond to you; if they cannot speak, gently squeeze their hand and ask them to squeeze yours if they can hear you
- stay with them until the ambulance arrives and tell the ambulance officers how long the seizure lasted and what the seizure looked like, e.g. legs and arms on both sides of the body or only one leg and arm on a particular side of the body were jerking.[20]

7.7.2 Prevention of suicide and self-harm

Alcohol use at high-risk levels is closely linked to mental health problems and significant risk of suicide or self-harm.[21] The immediate risk should be given urgent attention by all diversion services staff.

If staff feel safe, competent and have been trained in responding to suicide and self-harm behaviour, they may ask the questions listed below. However, if staff do not, they should call 000.

Connection with family and culture may improve a client's social and emotional wellbeing and may help to prevent suicide and self-harm.

Where safe and appropriate, actively link clients to existing local cultural supports.

In action

Self-harm assessment

Assessing a client's risk of suicide may involve asking the following questions:

- Have you thought about hurting yourself?
- If you have, do you have a plan?
- Have you acted on this plan in any way?
- How often do you think about suicide or self-harm?
- Do you have access to things to harm yourself with (e.g. medicines to overdose on, a weapon to harm yourself with)?
- Have you tried to hurt yourself in the past?
- What situations make you think about hurting yourself (e.g. when drinking)?
- Have you decided when you will hurt yourself?
- What stops you from hurting yourself?[22]

7.7.3 Critical incidents

If an emergency occurs, the incident must be reported as soon as possible.

A *Critical incident report* must be filled out by a manager and forwarded to the department's regional officer as a priority.

A critical incident may include:

- death of a person
- life threatening injury to a person
- major security incident (including flooding or fire at a Diversion Centre)
- an event that may bring media attention to the department or service provider
- serious injury to a person that results in hospitalisation
- alleged rape, sexual assault or serious assault
- attempted suicide.

Refer to the *Critical incident report* within the 'Tools' section of the information kit.

7.8 Professional development

Working with clients who have alcohol issues can be a stressful job.

In order to provide safe and effective services to clients, staff of diversion services should have access to professional development opportunities that maintain and enhance their professional knowledge, expertise and competence. Professional development activities and training is an ongoing process, and should be informed by the service delivery environment and changing needs of clients.

Supervision and mentoring are important professional development activities and should be provided to all diversion services staff. Supervision, in particular, provides staff with critical opportunities to debrief about any issues that arise during their work with clients.

8. Stages of client support

This section details the range of operational procedures common across Cell Visitor, Community Patrol and Diversion Centre services. Procedures and tools unique to each service type are also articulated — from the moment a service engages with a client, while a client receives support and until the support period ends.

Figure 4 — Engagement activities delivered by diversion services

8.1 Engagement

Engagement involves staff building a meaningful and respectful relationship with clients to provide a culturally safe point of entry and connection with support services.

Engagement may include one-on-one contact or discussion within a group setting but should always use culturally respectful forms of communication (see section 7.1), be active and persistent. Building relationships with clients can take time but is essential in encouraging clients to accept support.

Effective engagement provides a comforting entry point for vulnerable people at risk and plays a critical coordination role, linking clients to immediate and ongoing services. These services may assist in addressing issues such as family problems, substance abuse or homelessness.

The engagement activities of each division service type are summarised in Figure 4 on page 23.

In action

Characteristics of good engagement include:

- being proactive
- forming positive and trusting relationships
- providing practical/material support
- being flexible, using a mix of approaches
- providing a safe space — physical safety.

8.1.1 Challenges to engagement

Good engagement can be challenging, particularly if clients do not know that particular services exist to help them.

Other challenges to engagement may be:

- many clients may be distrustful of services offering to help
- many clients may not be ready to accept support
- it can be difficult to communicate and engage with clients who are intoxicated, particularly those who are dependent and lack the ability to control their use
- the period of time for providing support may be quite short (for example, up to eight hours)
- clients may be transient and constantly engage with and disengage from support.
- clients may have poor mental health, cognitive decline, group dynamics and historical events.

In order to sustain engagement with intoxicated clients, consistency and availability of support and workers is considered vital.

8.2 Identification of needs and risk

Please note: This section relates only to Community Patrol and Diversion Centre services.

Identification of a client's support needs and risks to their safety is a mechanism to:

- better understand the circumstances of a client
- document details of a client's support needs, safety risks, personal strengths, and existing support networks
- act early and link the client with adequate support before issues escalate into crisis.

It is not a comprehensive or diagnostic process but a means of highlighting issues that might otherwise go unidentified and of creating a pathway to other appropriate support services.

In action

Diversion service staff may choose to identify and record client needs and risks using the *Client needs and risk identification form* provided in the 'Tools' section of the information kit.

8.3 Observation

Please note: This section relates only to Community Patrol and Diversion Centre services.

Observation of intoxicated clients is one of the most critical functions undertaken by Community Patrol and Diversion Centre staff. **Clients should always be within the direct line of sight of staff.**

Client observations may occur either in public spaces or within places of safety such as a Diversion Centre facility. Observation involves staff checking and monitoring the vital signs of clients at regular intervals.

8.3.1 Observation timeframes

Observations must be carried out by staff according to the following:

- Where the client is **awake**, the breathing, level of consciousness and level of intoxication of the client is observed at least every 15 minutes, for a minimum of 4 hours.

  After this period of time, the client must be observed every 30 minutes until the support period ends.
- Where the client is **asleep**, the breathing of the client is observed, and their responsiveness is checked, at least every 15 minutes, for a minimum of 4 hours.

  After this period of time, the client must be observed every 30 minutes until the support period ends.

In action

Observation of clients must be recorded by Community Patrol and Diversion Centre staff using the *Client record,* provided in the 'Tools' section of the information kit.

8.4 Support planning

Please note: This section relates only to Cell Visitor Services.

As Cell Visitor Services are able to work with clients up to 14 days following their release, staff may have opportunities to work collaboratively with a client to identify their support needs and develop a support plan.

A support plan assists clients to identify how they would like to change their circumstances and details a specific series of tasks to help clients in achieving this.

A client's support plan should be regularly reviewed to ensure goals are being met, and to identify whether new support goals are required. Seeing progress can encourage clients by recognising and reinforcing the positive changes they have achieved.

In action

Tasks for both the Cell Visitor client and the worker may be recorded using the *Client support plan,* provided in the 'Tools' section of the information kit.

8.5 Consent

Prior to collecting, using and sharing a client's personal information to make referrals made on their behalf, diversion service workers must first assess the capacity of their clients to give consent.

A person should be regarded as not capable of providing consent if they have reduced cognitive and emotional capacity, any intellectual or psychological impairment, or other decision-making impairment.

In the case of diversion service clients, informed consent will not be possible if the client is intoxicated by alcohol or other drugs, and therefore, referrals should not be made at this time.

For diversion service clients with acquired brain injuries, consent may need to be sought from a guardian.

Clients able to provide their informed consent must be given sufficient information about what personal information will be collected, how it will be used, and to whom it will be disclosed.

In action

A signed consent form enables information to be shared with nominated service providers as agreed with the client.

Refer to the *Client referral and consent form* in the 'Tools' section of the information kit.

8.6 Referral

Staff of diversion services should be familiar with local and specialist services and actively encourage and support clients to use them.

Where possible, diversion services should develop local referral and access strategies and procedures with health, welfare and legal services likely to be needed by clients.

8.6.1 Receiving referrals

When receiving referrals, diversion services staff should ensure that the referrals are appropriate and possible within available resources.

When a client is referred to a Diversion Centre, staff should first assess any presenting issues that may indicate the referral is not appropriate before admission occurs. For example, if the client requires urgent medical attention, call an ambulance. Similarly, if the client is being violent or aggressive, and the situation can no longer be managed, call the police.

In action

Before accepting a referral from Queensland Police Service, Diversion Centre staff should be provided with an official *Queensland Police Service Form 44* which documents the release of the client and transfer of care to the Diversion Centre.

8.6.2 Providing referrals

Diversion services are not intended to provide people with long-term support but rather deliver brief interventions of care.

Although diversion services may only provide short-term care, a client's broader support needs should also be identified. If appropriate, and with the client's consent, referrals should be made to services providing specialised and longer-term care.

Referrals may include but not be limited to:

- assisting the client to access disability or mobility supports
- helping the client to get treatment for any physical or mental health problems
- providing links to housing support services if the client is homeless
- introducing the client to legal, justice or court support services
- connecting the client with a family support service if family and relationship issues are identified
- assisting the client to access a generalist support service.

In action

When making referrals on behalf of the client, always ensure that a referral form incorporating client consent has been signed by the client. Refer to the *Client referral and consent form,* provided in the 'Tools' section of the information kit.

8.7 Supporting family members

Diversion services staff may sometimes find themselves having contact with a client's family. This contact may occur in a watchouse, a Diversion Centre or in a public space.

- **Cell Visitor staff** may have contact with family members if the client asks them to inform their family of their arrest, or ask their family to visit them. Cell Visitor staff may also provide support to family members for up to 14 days after the client is released.
- **Community Patrol staff** may often find themselves transporting intoxicated clients to homes of family members identified and assessed as safe places.
- **Diversion Centre staff** may have contact with a client's family if the family members drop off or pickup the client.

Family members may be a valuable support for a client to make a change. They may need access to information, referrals and support regarding how to help their family member.

They may also be highly vulnerable to serious medical and/or mental health problems themselves, as a result of coping with the ongoing physical, emotional, financial and day-to-day stress of living with a family member's drinking behaviour, incarceration and related problems.

Diversion service staff should work with a diverse range of local service providers, as well as the client's family, to facilitate the delivery of culturally safe, holistic and coordinated care.

In action

If transporting clients to the home of family members:

- provide the caregiver with the *Emergency contacts card,* provided in the 'Resources' section.
- include information regarding your local emergency support services on the back of the card.

8.8 Transportation of clients

In order to meet the immediate care needs of intoxicated clients, Community Patrol staff may need to transport clients either to a Diversion Centre or an alternative safe place where the client can sober-up. Any transportation of clients must be voluntary. Staff should ensure all client belongings (including medication) are transported.

In action

Prior to transporting clients, staff should ensure the following:

- Have a discussion with the client about the sobering-up options available to them. Is there a preferred safe place the client would like to be taken to? Would the client be willing to attend the Diversion Centre?
- If the client identifies a safe place as their preferred option, staff should:
  - Assess whether the safe place identified by the client is an appropriate place for them to be transported to. Are there any orders that will be breached if the client attends the residence? Will other people already at the residence be placed at-risk if the client is there (for example children)?
  - Contact the residents at the safe place identified by the client and confirm that they agree for the client to be transported to them.
  - Upon arrival at the safe place, again assess the appropriateness of the referral. Provide care-givers with practical information relevant to them providing support to the client. Be sure to give them an *Emergency contacts card* and remind them to contact 000 if they have concerns about the safety and wellbeing of the client or of themselves.

8.9 End of client support period

Client support periods may end due to several reasons including:

- the client chose to leave the service voluntarily
- the client is no longer contactable
- the client is asked to leave the service (temporary exclusion)
- the client has been referred to another support service.

In action

When the client support period ends diversion services staff must:

- formally close the support period
- ensure that all client information is accurately recorded within the service's client database
- refer to the *Client record,* provided in the 'Tools' section of the information kit.

8.10 Feedback and complaints

Diversion services should ensure that effective feedback mechanisms exist so that the opinions and suggestions of clients are recorded and taken on board, regardless of whether they are positive or negative.

In action

Diversion services should provide clients with information regarding feedback and complaints processes, and encourage them to provide this in a formal way. Refer to *Client feedback form,* provided in the 'Tools' section of the information kit.

9. Tools and resources

Common tools and processes help to ensure consistency in the standard of service delivery, experience for clients and in maintaining effective records. They also help to develop a shared language about and understanding of the particular needs of clients. Diversion services staff should use the tools and resources provided in the information kit to assist them in their work.

For each diversion service type (Community Patrol, Cell Visitor and Diversion Centre) three types of tools have been supplied.

Critical
Tools which should be completed by services to ensure that minimum service delivery standards are met.

Supplementary
Tools which have been developed in addition to the 'critical' tools and may be used with clients requiring more intensive supports.

Administrative
Tools which should only be completed if a critical incident occurs. These forms should be completed by management staff.

Further reading

This section contains additional reading material that may be relevant to staff providing direct support to intoxicated people, or to staff responsible for administration and management of diversion services.

Materials include:

- Australian Resuscitation Council, www.resus.org.au/public/arc_basic_life_support.pdf
- Crane, P, Francis, C, & Buckley, J,
  Youth alcohol and drug practice guide 3: Practice strategies and interventions,
  Dovetail, Brisbane, 2013.
  http://www.dovetail.org.au/media/61276/digitalguide03_output_20130501.pdf
- Department of Communities, Child Safety and Disability Services, *Human Services Quality Framework*, Queensland Government, Brisbane, 2014.
  http://www.communities.qld.gov.au/gateway/funding-and-grants/human-services-quality-framework
- Department of Health and Ageing,
  Alcohol Treatment Guidelines for Indigenous Australians, Australian Government, Canberra, 2007.
  http://www.health.gov.au/internet/alcohol/publishing.nsf/ContentB2AE1FDD080F9981CA257C71001E8A1E/$File/alc-treat-guide-indig.pdf
- Lee K, Freeburn B, Ella S, Miller W, Perry J & Conigrave K [editors],
  Handbook for Aboriginal Alcohol and Drug Work, University of Sydney, Sydney, 2012.
  http://ses.library.usyd.edu.au/bitstream/2123/8339/6/2012-handbook_online-version3.pdf

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1. Department of Communities, Child Safety and Disability Services, *Human Service Quality Framework*, Queensland Government, Brisbane, 2012.
2. P Crane, C Francis, & J Buckley, *Youth alcohol and drug practice guide 3: Practice strategies and interventions,* Dovetail, Brisbane, 2013, p. 91.
3. Department of Health and Ageing, *Alcohol Treatment Guidelines for Indigenous Australians, Australian Government*, Canberra, 2007, p. i.14–15.
4. *Ibid*., pp. i.17–18.
5. K Lee, B Freeburn, S Ella, W Miller, J Perry & K Conigrave, *Handbook for Aboriginal Alcohol and Drug Work*, University of Sydney, Sydney, 2012, p. 446.
6. Department of Health and Ageing, *Alcohol Treatment Guidelines for Indigenous Australians*. Australian Government, Canberra, 2007, p ii.18
7. *Ibid*.
8. *Ibid*.
9. K Lee, B Freeburn, S Ella, W Miller, J Perry, K Conigrave, *op cit*., p. 398.
10. *Ibid*.
11. *Ibid*., p. 40.
12. Department of Health and Ageing, *op cit*., p.ii.24.
13. *Ibid*., p. ii.9.
14. P Crane, C Francis, & J Buckley, *op cit*., p. 76.
15. Department of Health and Ageing, *op cit*., p.ii.29–30.
16. K Lee, B Freeburn, S Ella, W Miller, J Perry & K Conigrave, *op cit*., p. 38.
17. Department of Health and Ageing, *op cit*., p.ii.4.
18. Australian Resuscitation Council, www.resus.org.au/public/arc_basic_life_support.pdf
19. Department of Health and Ageing, *op cit*., p.ii.10.
20. *Ibid*., p. ii.11.
21. Department of Health and Ageing, *op cit*., p.ii.10.
22. K Lee, B Freeburn, S Ella, W Miller, J Perry & K Conigrave, *op cit*., p. 259.

The Barramundi Spirit

The artwork featured in this publication is the work of Brisbane artist Robert Doctor.
The painting titled '*The Barramundi Spirit*' depicts stories from the Kabikabi and Ewamain Peoples.

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