



3.04 Rights, Duty of Care, Clarity of Risk Protection

Original Ratification Date	02/09/2020
Persons affected by Policy	All management and Team Members
Who is Responsible	Governance Body
Reviewer	Executive Officer
Terms	The Service – Community Links Wellbeing Team Member – Employees & Volunteers unless otherwise stated Project – Individual projects auspiced/ run by Community Links Wellbeing Governance Body – The governing body of Community Links Wellbeing

POLICY STATEMENT

The Service recognises that it has a duty of care to consumers and team members. The service will respect the consumer's rights and support them to make an informed choice to experience life and take advantage of opportunities for learning, developing competencies and independence and, in doing so, take a calculated risk; provided it does not adversely impact upon the service's duty of care obligations.

The service considers the discrimination, abuse, neglect or exploitation of people to be unacceptable and promotes personal safety and the right of people to live without fear of threat or harm. The service will work to identify any potential, suspected or actual discrimination, abuse, neglect or exploitation.

PROCEDURE

3.04-1 Rights & Responsibilities of Consumers *(note should this section be amended – 3.05a The Standard Consent to Service Attachments must also be amended)*

The service and all its team Members will treat consumers with respect, dignity and encourage each person to exercise the following rights and responsibilities:

Consumer Rights

- Each person has the right to non-discriminatory access to support and services from our organisation based on need and the capacity of the service to meet that need. You will not be discriminated against because of your family structure, sex, sexuality, gender identity, race, age, marital status, disability or who you are related to or associate with.
- Each person has the right to confidentiality and privacy and access to their personal information held by us. Your personal information will be treated as

confidential and stored in a safe and secure way and in accordance with relevant legislation. Personal information will only be passed on to another agency with your knowledge and permission unless we are otherwise legally required to do so;

- Each person will receive a service that maximises your choices for self-determination, independence, dignity of risk, self-identity (including personal, sexual, gender, religious and spiritual), social participation and cultural inclusion
- Each person has the right to be consulted about decisions affecting their own life and to determine their own goals and priorities. This includes any external plans that they have (e.g. NDIS plans)
- Each person has the right to information about and referral to other support services should they need them;
- Each person has the right to handle their own money and property, unless this issue is specifically part of a care plan;
- Each person has the right to have a say in the way this service is run. We welcome ideas and feedback and encourage them to get involved and share ideas about how to improve the service.
- Each person has the right to make a complaint if they are not happy with the way this organisation is run or the support they receive. If they make a complaint, Community Links Wellbeing will deal with the complaint quickly and fairly. (See attached Complaints Brochure)
- Each person will have access to information and support to understand and exercise their legal and human rights;
- Each person will receive a service in an environment free from discrimination, abuse, violence, neglect and exploitation;
- Each person, or with their permission their representative, has access (unless legislation states otherwise) to all information about themselves held by the service and the right to correct that information if necessary;
- Each person has the right to use an advocate to represent their interest. In cases where a legal guardian or advocate appointed to act on their behalf, the rights of the guardian or advocate are to be acknowledged and respected to the extent stipulated in the guardianship or advocacy arrangements;
- Each person can expect our team members to support and encourage self-protective strategies and behaviours that take into account their individual and cultural needs;
- Each person can expect our team members to uphold their right to make decisions, including medical treatments and interventions, and when this is not possible, assisted or substituted (alternative) decision making is in line with the person's expressed wishes, if known and if not, with their best interests;
- Each person can expect our team members to support you to develop/maintain family, friendship and kinship relationships;
- Each person can expect our Team Members to uphold their right, where relevant and appropriate, to intimacy and freedom of sexual expression;

- Each person can expect our Team Members to support their right not to participate unless participation is part of a previously agreed care plan or for safety reasons.

Responsibilities

1. To keep appointments
2. To treat other consumers, our team members and members of the community with respect
3. To set personal goals and to work toward self-empowerment and positive change
4. To assist our team to assist you to achieve the goals you have set for yourself
5. To communicate any concerns, questions or complaints to team members
6. To pay any fees we have agreed upon on time
7. To take responsibility for the results of any choices/decisions they make
8. To understand and uphold your workers right to work within a safe environment that is free of any form of abuse and violence
9. To give adequate notice if unable to keep appointments (except in the event of illness or emergency)
10. When unable to attend due to illness or emergency, to contact the relevant Team Member as soon as possible to make new appointment

3.04-1A Australian Charter of Healthcare Rights

Community Links Wellbeing is committed to upholding the Australian Charter of Healthcare Rights and ensuring all consumers receiving services are aware of, and supported to exercise, their healthcare rights.

Under the Charter, every person receiving healthcare has the right to:

1. Access

- Access healthcare services and treatment that meet their needs.
- Receive services without discrimination and within the capacity of the organisation.

2. Safety

- Receive safe and high-quality care.
- Be protected from abuse, neglect, exploitation, and avoidable harm.

3. Respect

- Be treated with dignity, respect, and consideration of their culture, identity, beliefs, and personal circumstances.
- Have their privacy respected at all times.

4. Partnership

- Be included in decisions and choices about their care.
- Work collaboratively with team members in planning, assessment, and service delivery.
- Involve family, carers, or advocates where desired.

5. Information

- Receive clear, accurate, and timely information about services, treatment options, risks, and outcomes.
- Be supported to understand information in a way that meets their communication needs.
- Access their personal information in accordance with legislation.

6. Privacy

- Have personal and health information kept confidential and securely managed.
- Expect that information will only be shared with consent, unless required by law.

7. Give Feedback

- Provide feedback or make a complaint without fear of retribution.
- Have concerns acknowledged, investigated, and responded to in a fair, timely, and transparent manner.

Service Commitment

Community Links Wellbeing will:

- Promote awareness of the Charter to all consumers and team members
- Embed these rights into service delivery, policies, and procedures
- Support consumers to exercise their rights, including access to advocacy services
- Ensure all team members receive training to uphold these rights in practice

3.04.2 Team Member Responsibilities which uphold Rights of Consumers/Participants

All our Team Members have the following responsibilities with regard to providing service to consumers:

- To keep confidentiality
- To report mandatory incidents
- To treat consumers with respect
- To assist consumers to set personal goals, to become self-empowered and bring positive change into their lives
- To keep appointments
- To give adequate notice if unable to keep an appointment (except in the event of illness or emergency).

- When unable to attend due to illness or emergency, to contact the consumer as soon as possible to make new appointment
- If there is a history of major depression or concerns regarding suicide and you do not respond to attempted contact by the Team Member, the CLW Team Member has a duty of care to you to contact an emergency service, if they deem the concern is significant;
- To not provide financial advice to, or witness any legal documents for consumers.
- To encourage and support NDIS participants to access and spend their money and to guide them in a responsible manner.
- Money and property will be recorded in individual NDIS participant risk assessments.

NDIS participant Money and Property

Participant money and property is secured and held by the participant for their use during a Social and Community activity.

If the participant spends any of their money, CLW staff will ensure the participant receives a receipt of their purchase/purchase's from the vendor.

Staff will make a note of the purchase in the participant's treatment notes that are recorded that day.

Groups and Events

In adherence to best practice and workplace health and safety (WHS) standards, organisational events and groups may necessitate the presence of a minimum of two staff members (a CLW approved and inducted volunteer may be able to stand in as the second team member). This requirement ensures that potential risks are effectively managed and mitigated throughout the duration of the event or group activity. By having two personnel present, they can collaboratively monitor participant safety and promptly respond to any emergencies that may arise. The WHS committee holds the authority to review the risk assessments provided for each event or group and make final decisions regarding safety protocols and minimum staff requirements, thereby prioritising the well-being of all participants and team members involved.

Confidentiality

CLW Team Members are bound by law and a strict code of conduct to treat all participant information in a confidential manner. Permission will be sought from you for a worker to contact or refer to another service on your behalf to seek further assistance. This will be done either in written form on the Service Consent Form or verbally and documented as such. Information received from other sources will be shared with the participant unless ethical or legal issues prevent this. The only circumstances where confidentiality can be legally breached are:

- Failure to disclose the information would place you or another person at serious

and imminent risk of harm;

- As a mandated reporter, legislation requires Department of Communities and Justice be notified of any child under 16 years of age who is deemed to be at risk of significant harm and the circumstances of that risk of harm;
- If you have a history of mental health such as depression and/or anxiety, and/or you have attempted suicide in the past, and you do not respond to attempted contact by the worker, the CLW worker has a duty of care to you to contact an emergency service (000) if they deem the concern is significant enough;
- When files are subpoenaed by court or disclosure is otherwise required or authorised by law;
- Your prior approval has been obtained to
 - * provide information/ support letter to another professional or agency.
 - * discuss the material with another person, e.g. a parent, partner or employer

3.04-3 Duty of Care

The service recognises that every person owes a duty of care to every other person who is reasonably likely to be injured by the first person's actions or failure to act.

The appropriate standard of care is assessed on actions which could reasonably be foreseen by a reasonable person in a particular situation.

Team members will use their professional skills and experience to decide which actions they should take in each situation of potential harm. Where possible, decisions should be discussed with the team manager as appropriate.

Duty of care will take precedence where a risk may pose a threat to the health and/or safety of the consumers and/or others.

The service recognises and supports people's right to self-determination, independence and dignity. The service will act to ensure that consumers do not suffer harm or loss either physically, financially or psychologically due to any action, or inaction by the service or its team members.

The service will:

- Provide training and information for all team members regarding their duty of care;
- Assist consumers in making informed choices with regard to risk;
- Seek appropriate support for consumers who may not have the ability to make informed decisions;
- Respect consumers' right to make an informed choice to undertake activities that could pose a risk to their safety;
- Prevent abuse or harm to consumers as a result of team members' action or inaction;

- Ensure Risk Management and Accident/Injury/Incident reporting is undertaken according to relevant legislation and Work Health and Safety Procedures.

3.04-4 Dignity of Risk

Dignity of risk is balancing duty of care with the rights of a person to make an informed choice to experience life and take advantage of opportunities for learning, developing competencies and independence and, in doing so, take a calculated and safe risk. It is also important to remember that choice doesn't always mean risk.

3.04-5 Protection of Consumers

The service will ensure the implementation of comprehensive procedures to ensure high quality team members are recruited to provide service (See Section 2 Recruitment), safety checks are undertaken and support is provided to any consumer disclosing abuse, discrimination, exploitation, neglect or trauma

The service acknowledges the importance of preventing and responding appropriately to the sexual assault, physical assault, emotional abuse and neglect of services users, whether it is alleged or actual.

Information will be available to team members to assist in the detection of sexual assault, physical assault, emotional abuse and neglect including handling allegations and observing for signs and symptoms of abuse and neglect in its various forms. All team members are required to work within the guidelines of this procedure to ensure the safety of all consumers. (see specific information regarding Child Protection and Protection of People over 18 in the following pages)

3.04-6 Child Protection

The Organisation endorses the National Principles for Child Safe Organisations which ensures:

1. Child safety and wellbeing is embedded in organisational leadership, governance and culture.
2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved in promoting child safety and wellbeing.
4. Equity is upheld and diverse needs respected in policy and practice.
5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
6. Processes to respond to complaints and concerns are child focused.
7. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
8. Physical and online environments promoting safety and wellbeing while minimising the opportunity for children and young people to be harmed.
9. Implementation of the national child safe principles is regularly reviewed and improved.
10. Policies and procedures document how the organisation is safe for children and young people.

The purpose of this procedure is to:

- Encourage the development of best practice in relation to child protection;

- Ensure that the service's preventative practice and response to child protection issues is compliant with child protection related legislation;
- Ensure collection of appropriate information and exchange about child protection incidents when they occur;
- Assist the service to identify training needs in relation to child protection.

The service endeavours to enhance the health and wellbeing of all the consumers

Each team member of the service has particular roles and responsibilities in relation to child protection. These relate to recognising and reporting suspected risk of harm.

The service will provide training and supervision to assist team members with regard to their roles and responsibilities in relation to child protection.

Should an allegation of abuse be made against a team member the NSW Office of the Children's Guardian will be notified immediately.

The service may report any child protection issues regarding other services to the NSW Ombudsman.

Prevention of child abuse and neglect in all activities

To promote the safety of children and to ensure the service and all team members are proactive with regard to the prevention of child abuse:

- Team members will comply with the Code of Behaviour & Confidentiality Agreement;
- The service will ensure all team members have the required Police and Working with Children Checks before commencing any activities supervised and unsupervised with the service;
- The service will ensure team members provide information to families and the community about child protection reporting strategies adopted by the service;
- Team Managers must organise the training for team members in regards to child protection, prevention, how to ensure a safe environment and in child development;
- The service and its team members will endeavour to raise the awareness of the general community about child protection and child development via brochures, posters or other means of communication;
- The service and its team members will endeavour to develop trusting and non-threatening relationships with consumers;
- The Service must review any child protection matters arising, to identify contributing factors and to minimise the chance of reoccurrence where possible.

Mandatory Reporting

Anyone who provides health care, welfare, education, children's services, residential services or law enforcement wholly or partly to children aged 0-15 years or who is directly responsible for the management or supervision of these services, whether paid, or unpaid, is a mandatory reporter. Mandatory reporters are legally obliged to report children aged 0-15 years, you can also make a report about an unborn child and a child aged 16 and 17, when they have reasonable grounds to suspect that they are at

risk of significant harm and these grounds arise during the course of their work. Reasonable grounds may include:

- receiving a disclosure;
- making an observation directly;
- being told about a disclosure received;
- being told about an observation made by someone else.

A mandatory reporter may seek information from other sources under Chapter 16a of the Child Protection Act or if a 3.03b Authority to Exchange Information has been previously signed, to help in deciding whether a report is required. Once a mandatory reporter forms the view that there are reasonable grounds to suspect risk of significant harm they should not attempt to confirm information or investigate the situation further. This may compromise the work of statutory agencies and may result in contamination of evidence or pressure on others in relation to disclosures.

Recognising and Reporting Suspected Risk of Harm

To recognise Risk of Harm, team members must be aware of the indicators of child abuse and neglect.

Team members do not have to prove that child abuse and/or neglect has occurred or who was responsible for it (that is the job of the statutory agency and the Courts). As mandated reporter team members only need to have a well-founded concern or suspicion that it is occurring.

Risk of significant harm relates to the following:

- Neglect
- Physical abuse
- Sexual abuse
- Carer Concern
- Unborn Child
- Child or young person is a danger to self and/or others
- Psychological harm
- Relinquishing child's care

The risk of significant harm should relate to current concerns.

Mandatory reporters are not legally obliged to report risk of significant harm where those grounds arise outside their workplace, but the service encourages team members to consider their ethical responsibilities to ensure the protection of any child in the community.

Mandatory reporting is an individual responsibility however team members should confer with the relevant manager or the Operations Manager if they believe there is risk of significant harm. No one can prevent a team member from making a report if they believe they should do so.

In a team or within the service multiple team members may become aware of the same information from a common source. In such circumstances it is not necessary for each

team member to make a separate report. However, if a team member is not confident that a report has been made, or holds additional relevant information that team member should proceed to make a report.

Mandatory reporters are not legally obliged to report risk of significant harm in relation to young people aged 16-17 years, but should ensure that they fulfil their duty of care to young people if there are reasonable grounds to suspect risk of significant harm, and particularly where a crime such as an assault is alleged. Reporters should take into account the views of the young person regarding a report being made, but the reporter may determine that a report of risk of significant harm needs be made regardless of the young person's views.

Team members should use the Mandatory Reporters Guide (MRG) and consult with their Supervisor when considering a report for a 16-17-year-old. Documentation should be undertaken for 16 and 17 year olds in the same way that they are undertaken for younger age groups.

People in ancillary positions such as administrative workers, maintenance officers or cleaners are not mandatory reporters by law. Team members in non-mandatory reporting positions should promptly advise the relevant team manager or the Operations Manager if in the course of their work they have reasonable grounds for concern for the safety, welfare or wellbeing of a child or young person.

When a report is made in good faith by law it cannot be seen as a breach of professional etiquette or standards, and a mandatory reporter cannot be sued for defamation. Mandatory Reporters should be aware that failing to make a report of risk of significant harm in relation to a child or young person will constitute a breach of their Code of Behaviour & Confidentiality Agreement and professional codes of ethics depending upon the qualifications of the Team Member (e.g. Psychologist, Therapist etc.) and could result in instant suspension/dismissal.

When making reports mandatory reporters are expected to provide their name, position and contact details to assist in follow up. By law a reporter's identity cannot be disclosed. However, given the circumstances it may not be possible to avoid family members guessing who has made the report. Should this occur team members should consult their manager.

In the course of some court proceedings or law enforcement activities the identity of a mandatory reporter may be disclosed to the court or law enforcement agency, generally with the consent of the reporter, except in exceptional circumstances.

Mandatory Reporter's Guide (MRG)

The Mandatory Reporter's Guide Decision Tree should be used to assist in the identification of possible risk of harm. If a team member has an urgent concern for a child's health or safety they should speak to a manager immediately.

If the situation is urgent, and the team manager is confident that the MRG will indicate that a report of significant harm is required, they can contact the Child Protection Helpline without delay on 13 21 11. This action may be warranted if an immediate response is required and you do not have access to the MRG. For example, if risk of significant harm arises from an incident in the child or young person's home, or relates to a disclosure from the child or young person.

As a general rule the team member will use the MRG to check whether a report to the Child Protection Helpline is required. The MRG should be used when there are current

concerns and reasonable grounds to suspect that a child is at risk of significant harm. It can be used online at Child Story Reporter <http://www.reporter.childstory.nsw.gov.au>. The decision tree is integrated and can be accessed as they proceed.

Unless the team member is dealing with an urgent and serious incident, the MRG is best used once all the information about the child, or young person and their family circumstances is available. This may involve talking to other people from the Service, or seeking information from team members from other agencies that also have contact with the family.

The team member should first identify the most relevant decision tree from MRG and follow MRG Decision Trees – Work Instructions

Exchange of Information

Chapter 16A (Children and Young Persons, Care and protection Act, 1998) enables agencies prescribed by law to exchange information about children and young people without consent. The purpose of the legislation is to remove barriers to providing services to children, young people and their families. Information exchanged should be directly related to the safety, welfare and wellbeing of children. The purpose of providing this information is to enable an organisation to do one or more of the following things:

- Make a decision, assessment of plan for a child or young person
- Initiate or conduct an investigation (e.g. NSW Police)
- Provide a service related to safety, welfare or wellbeing
- Manage risks to children or young people as an employer

If the request is lawful, agencies are expected to comply. In general, unless the matter is urgent, team members should check with the relevant manager before providing information to ensure that the exchange is lawful. This includes establishing the credentials of the person making the request.

Information that can be requested or provided may relate to:

- A child or young person's history or circumstances
- A parent or other family member
- Any person/s having a significant or relevant relationship with a child or young person
- The facts surrounding whether a person poses a risk to the safety, welfare or wellbeing of a child or young person
- The agency's dealings with the child or young person, including past support or service arrangements subject to the exemptions set out in section 245D(4) of the Act and the outcomes of these dealings

Agencies are only obliged to share information they currently hold. Information can be exchanged verbally, but agencies can make requests in writing and provide information in writing. In an emergency, agencies should be able to access information verbally. Where information is exchanged verbally, a file note should be made to that effect, including reference to Chapter 16A as the legal basis for the exchange. Where information will be used to make significant decisions or plans, and

there is time to provide it in writing, this may be preferable, since it enables the agency to keep a record of the information provided, and to ensure the accuracy of the information received by the other agency.

Team Members should check the identity of a caller before providing verbal information, for example, by ringing them back via their agency central number. Team Members may also ask the caller to read back what was recorded in their notes regarding the verbal information given to ensure that it has been recorded accurately, although agencies are not obliged to do this.

Resources can be accessed on the Child Story site.

Internal Processes & Reporting

For detailed instructions please refer to the CLW DOC 3.04a MRG Decision Tree – Work Instructions

- A team member is required to consult with their direct manager if a child and or young person is suspected of risk of significant harm.
- A team member should, with support from their direct manager always use their professional judgement if a child protection report is required even if the MRG outcome does not generate an outcome to make a child protection report
- The reporting team member is required to record the report onto the CLW Child Protection Report Register, the link is located on the “The Link” (CLW’s intranet) if a child protection report has been made.

The Child Protection Report Register is used:

- Each time a child protection report is made, one record is completed.
- To monitor the frequency and quantity of Child Protection Reports made by the Organisation
- To ensure that Team Members are following all mandatory obligations
- To ensure the action has been approved by the relevant Manager to ensure awareness of all report made by their team.

Once the CLW Child Protection Report Register form has been completed it will automatically save onto the Register, only Managers have access to the register. The team should save or print the results of the MRG and upload the documents in your case notes for the particular family.

3.04-7 Reporting discrimination, Abuse, Neglect or Exploitation of a Consumers over 18 by an external party

Team members who perceive or witness discrimination, abuse neglect or exploitation of a consumer will act with empathy and sensitivity.

Team Members Role:

- Offer the person appropriate support in terms of their physical, emotional, medical or safety needs;
- Record on an incident report the details of the incident, including disclosures, allegations made, or events they have witnessed or observed;
- Avoid questioning the person regarding the issues at hand
- Report situations of suspected and/or actual discrimination, assault, abuse, neglect or exploitation to your Manager as soon as possible. the Manager will then take steps to offer support and/or to refer/report to appropriate agencies
- To take advantage of support offered to you (e.g. debriefing, counselling)

Team members understand that unreported discrimination, abuse neglect or exploitation is not keeping confidence but a breach of practice.

The Manager's Role

The service acknowledges that each case of abuse is unique and that the determined interventions should take into account the nature and context of the abusive relationship and whether consent for intervention is given.

The manager will ensure the interests of the victim take precedence over those of the victim's family or of other members of the community and will:

- Assess the person's physical & emotional need and contact relevant emergency services if required. If emergency services are not required provide information regarding what services are available to them at this time, including specialist teams and units, medical services and counselling services
- Ensuring that if the person chooses to access a support service, any communication systems or interpreters usually used by the person are available when accessing the service.
- Obtaining consent from the person for provision of a service. Their right to refuse a service must be respected at all times.
- If there is still a danger of abuse contact the consumers case manager or call emergency services as relevant to the particular situation;(e.g. police)
- With the consumer's permission contact family members, the persons case manager and/or other relevant services
- The consumer is to be informed that a disclosure of sexual assault means that the team members, under the Crimes Act1900 S.316 (1), have a responsibility to inform the police, even if the consumer does not wish this to happen. If the person does not want police involvement, it is the responsibility of the police to make decisions about any further action required regarding the matter.
- Should the incident occur with regard to a person with a disability the incident must be reported to the NDIS Commission see NDIS specific procedures

An allegation of discrimination, abuse, neglect or exploitation from a consumer over 18 regarding a team member

Where a team member is accused of discrimination, neglect or exploitation the appropriate section of the complaints procedure will be implemented.

Where an alleged perpetrator of physical or sexual abuse is a team member, that person will receive fair treatment throughout the investigation process. Team members are required to maintain strict confidentiality about the allegations and investigation, affording the alleged perpetrator every opportunity to have their name cleared and to fair treatment by the legal system.

If an allegation is made against a team member regarding physical/sexual abuse:

- It is to be reported to the Executive Officer immediately and a risk assessment will be undertaken to exclude any possibility of further harm/distress to the consumer
- See NDIS specific procedures if the consumer has a disability
- The Executive Officer will appoint a primary contact person to communicate with the consumer to ensure all information relating to the incident is provided through one coordinated source.
- The consumer and their family/advocate will be encouraged to report the matter to the police without delay as per the Crimes Act 1900 S.316(1).
- Consumers will also be referred, with their permission, to Victims Services & Support on 1800 633 063 to provide independent appropriate support.
- The team member is to be advised of the process of notification of the alleged abuse/s to the various authorities.
- The team member concerned is not to take part in the management of the investigation.
- The team member concerned is to be encouraged to seek legal advice with regards to the allegation/s.
- The service may decide to seek independent legal support.
- The service may decide to seek other external support to ensure the investigation is undertaken in accordance with best practice guidelines.
- The team member will be instructed not to have any contact with the alleged victim until such time as the investigation is finalised.
- The Executive Officer will determine suitable work duties and work location until the investigation is finalised. The details of the allegation will determine the duties and work location. It is important to note that re-allocation of duties or suspension is not to be taken as a means of punishment.
- Keep records of all conversations with, and observations of, all parties relating to the matter, including dates and times.
- All interactions between the alleged perpetrator and management and team members of the service must recognise the team members' right to natural justice.
- An internal investigation will be made by the Executive Officer and will be carried out in such a way and time frame so as not to corrupt any external/police investigation that may be carried out.
- Take whatever steps are required to preserve the confidentiality of information

throughout the response process, including asking the person or their substitute decision maker who can access information about the case.

- Facilitate the development of a response plan to address the issues arising from the allegation (the response plan may form part of the formal complaints process)
- Monitor the implementation of the response plan and complaints process
- Should the incident occur with regard to a person with a disability the incident must be reported to the NDIS Commission see NDIS specific procedures

3.04-8 Suicide Prevention

Should a consumer or other individual discloses suicidal ideation, either on the phone or in person and they advise they have self-harmed or have plans to self-harm with or without the intention of suicide, the Team Member will:

If on the phone -

- Ask them for their name, phone number and the address of where they are
- Ask them if they have a plan (assess if they are in imminent risk)
- Keep them on the phone – do not end the call

Inform management or a second team member immediately and arrange to call 000 and request ambulance and police assistance

Ask the person if they have already taken pills, alcohol, (self-harmed) and:

- Establish if they are alone or with someone;
- Ask them if the doors are unlocked;
- Ask them if there is a person they can contact to assist;
- After the incident, complete an Accident, Injury, Incident Report and notify the relevant manager and WHS officer

If in person –

- Ask them for their name and phone number
- Assess if they are in imminent risk
- Take the consumer into a more confidential space

Inform management or a second team member immediately and arrange to call 000 and request ambulance and police assistance

- Ask the person if they have already taken pills, alcohol or any other substance to self harm
- After the incident, complete an Accident, Injury, Incident Report and notify the relevant manager and WHS officer

Note:

- Always ring 000 and tell the operator the situation
- Do not contact the local police station

If the situation is life-threatening, a police officer has the authority to escort the person into the ambulance.

Consumers are provided during intake with all emergency contact numbers and addresses including local supports and online supports and are clearly told CLW do not provide crisis service. Key supports familiar to the consumer are identified, communication is constant with the referring GP, and everyone is encouraged to contact the CLW office phone number during business hours if needed.

If a consumer has suicide risk but can simultaneously guarantee safety, they are stepped up to our Clinical Suicide Prevention Service (CSPS) program. CSPS use a risk assessment called the Suicide Risk Screening Tool. Consumers' level of suicide risk is monitored generally and regularly via clinical measures and interview/session questions. Acute risk is identified the same way and via a person's presentation – if someone is threatening we act immediately.

If a consumer is exited from CLW due to being in crisis, we notify their referring GP and other key stakeholders. For all PHN participants we use the recommended IAR within the triage process, followed by clinical assessment tools.

3.04-9 Open Disclosure

As a provider of Allied Health Services, Community Links Wellbeing and staff are committed to following the Australian Open Disclosure Framework. In the adverse event of harm being experienced by our Consumers, Community Links Wellbeing and staff are to provide:

- an apology or expression of regret, which includes the words 'I am sorry' or 'we are sorry'
- a factual explanation of what happened
- an opportunity for the consumer, their family and carers to relate their experience
- a discussion of the potential consequences of the adverse event
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.
- and implement an open disclosure plan with the consumer as required.

It is important to note that open disclosure is not a one-way provision of information. Open disclosure is a discussion between two parties and an exchange of information that may take place in several meetings over a period of time.

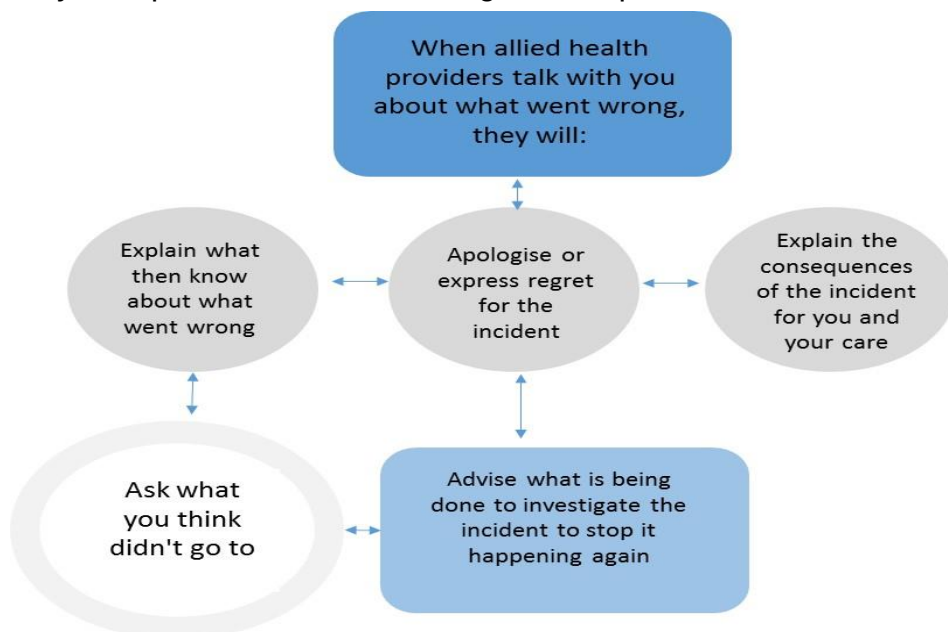


Table 3: Criteria for determining the appropriate level of response to an incident

	Criteria
Lower-level response	1. Near misses and no-harm incidents 2. No permanent injury 3. No increased level of care (e.g. need for domiciliary care) required 4. No, or minor, psychological or emotional distress
Higher-level response	1. Death or major permanent loss of function 2. Permanent or considerable lessening of body function 3. Significant escalation of care or major change in clinical management (e.g. present to emergency department, surgical intervention, other higher level of care) 4. Major psychological or emotional distress 5. At the request of the patient

3.04-10 Managing Aggressive Consumers

CLW is a non-statutory mild to moderate mental health support service.

Prior to allocating aggressive consumers, we may have the intake clinician contact the person and/or relevant stakeholders to obtain further information specifically pertaining to aggression, such as history, current context and medical/psychological problems.

Upon first meeting, all relevant assessment tools are used along with the staff member's personal skills to assess the level of aggression. All consumers are assessed using the same assessment and clinical tools.

Mental health clinicians are aware not to engage with an aggressive person, or they must disengage and use the CLW mobile phone emergency button if threatened.

De-escalation strategies include using interpersonal skills such as empathy, positive regard, clear boundary setting and support interventions, such as offering assistance.

If aggression continues after the person has clearly been asked to participate in a calm manner, or if they are substance-affected, they are denied service.

Staff are advised to refer to WHS Policy 4.13 regarding Violence

Identifying Delirium

Delirium is when a person has a sudden change in the way they think or behave. It is often a symptom of a serious illness or infection. The cause of a person's delirium needs to be identified and treated.

CLW mental health clinicians will recognise the person is scared and confused and may conduct a mental state examination. They will remain calm and give the person simple reassuring replies. They will reorient the person by using short clear sentences, repeating as required. They will validate the person's feelings, while avoiding doing this for false beliefs, hallucinations and delusions, and focus on the emotion. They will constantly provide reassurance and redirect the person sensitively, while maintaining eye contact. They will direct the person into a quiet space.

They will then contact the person's next-of-kin, and with permission, contact the referring GP for an immediate appointment. If the appointment cannot occur, they will arrange for the person to attend the closest ED in the company of two staff members, or a trusted family member.

If the person is too agitated, they will arrange an ambulance transfer.

If the person is settled, they may contact the local LHD community mental health intake team to visit on site to conduct an assessment while they remain with the person.

Depending on whether the person is admitted into statutory care, they would close the episode of care or remain open to receive and continue working with the person.

3.04-11 Digital Safety and Consumer Protection

Purpose

This section ensures that all digital systems, platforms and technologies used by Community Links Wellbeing support the safe, effective and person-centred delivery including mental health services, in line with the NSQHDMH Standards.

Consumer safety in digital service delivery

Community Links Wellbeing ensures that digital systems used in service delivery do not compromise consumer safety.

- All digital platforms used for service delivery are assessed for clinical safety and appropriateness prior to implementation.
- In the event of system failure during service delivery, staff must:
 - Immediately implement alternative communication methods (e.g. telephone contact).
 - Follow clinical risk management procedures if a consumer is at risk.
 - Document the disruption and actions taken.
- Staff must prioritise consumer safety over system use at all times.

Informed consent for digital services

Consumers are provided with clear information regarding the use of digital systems as part of service delivery.

This includes:

- How their personal and health information will be collected, stored and used
- Any risks associated with digital communication (e.g. cybersecurity risks, service interruptions)
- The use of cloud-based systems including Microsoft 365
- Their rights to access, correct or withdraw consent

Informed consent must be obtained and documented prior to the commencement of digital service delivery.

Consumer rights, accessibility and support

Community Links Wellbeing is committed to ensuring digital services are inclusive and accessible.

- Digital systems must be:

- Easy to use
- Accessible to people with varying levels of digital literacy
- Suitable for individuals with disability or additional needs where possible
- Alternative service delivery methods must be offered where digital access is not appropriate or possible
- Consumers are provided with support to use digital platforms where required

Clinical governance and oversight

Digital systems are integrated into the organisation's clinical governance framework.

- Clinical risks associated with digital systems are identified, assessed and managed
- The Operations Manager and relevant clinical leadership oversee:
 - Safe use of digital systems in service delivery
 - Documentation standards within digital platforms
 - Escalation pathways for clinical risk
- Any system limitations that may impact care delivery are documented and addressed

Monitoring, evaluation and continuous improvement

Community Links Wellbeing adopts a continuous improvement approach to digital service delivery.

This includes:

- Regular review of system performance, including:
 - System availability and downtime
 - Incident and breach trends
 - Response times and resolution outcomes
- Collection and review of consumer feedback relating to digital services
- Periodic audits to ensure compliance with privacy, security and clinical safety requirements
- Implementation of improvements based on identified risks, incidents or feedback

Third-party provider governance

All third-party providers (including Simplicity I.T.) are subject to governance and performance oversight.

- Providers must comply with:

Community Links Wellbeing Ltd ABN: 12 289 335 800

ACN: 655 023 555

3.04 Rights, Duty of Care, Clarity of Risk
& Protection

- Privacy and confidentiality requirements
- Security and data protection obligations
- Relevant Australian laws and standards
- Performance is reviewed regularly against:
 - Service delivery expectations
 - Security and incident response effectiveness
 - Impact on consumer safety and service continuity
- Any identified risks associated with third-party providers are addressed promptly

Digital risk management

Digital risks are incorporated into the organisation's broader risk management framework.

This includes:

- Identification of risks specific to digital mental health service delivery
- Assessment of likelihood and impact on consumer safety
- Implementation of mitigation strategies
- Regular review and updating of risk controls

Documentation and reporting

All incidents, risks and improvements relating to digital systems are documented and reported through existing organisational systems.

- Digital incidents are recorded in the Incidents and Actions Register
- Outcomes of reviews and audits are documented
- Significant risks or breaches are escalated in accordance with organisational policy and Office of the Australian Information Commissioner requirements

This policy is intended to work in conjunction with other policies as stated below

Project Specific Procedures

Nil

Policy context: This policy relates to	
Legislation or other requirements	Human Rights and Equal Opportunity Commission Act (Commonwealth) 1986 UN Convention on the Rights of the Child Anti-Discrimination Act (NSW) 1977 Sex Discrimination Act (Commonwealth) 1984 Children and Young Persons (Care and Protection) Act 1998 (NSW) Commission for Children and Young People Act (NSW) 1997 Child Protection (Working with Children) Act (NSW), 2012.

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	Child Protection (Working with Children) Regulation (NSW), 2013. Freedom of Information Act (Commonwealth) 1982, (State) 1989 Community Services (Complaints, Reviews and Monitoring) Act 1993 (NSW) Privacy and Personal Information Protection Act 1998 (NSW) The Australian Privacy Principles 2014 Guardianship Act (1987) NSW Powers of Attorney Act (2003) NSW Carer's (Recognition) Act 2010 Racial Discrimination Act 1975 (Commonwealth) Disability Discrimination Act 1992 (Commonwealth) Age Discrimination Act 2004 Disability Inclusion Act 2014 No 41 (NSW) Disability Services Act 1986 (Commonwealth) Children and Young Persons (Care and Protection) Act 1998 Crimes Act 1914 (Commonwealth) Criminal Code 1995 (Commonwealth) Health Records and Information Privacy Act 2002 (NSW). Funding Agreements NSW Family Services Principle Case Management Society of Australia National Standards NDIS Act (2013) NDIS Practice Standards Australian Charter of Healthcare Rights Australian Open Disclosure Framework Case management Society of Australia and New Zealand Standards NSW Modern Slavery Act 2018 NSQDMHS and NSQMHSCMO Practice Standards
Definitions	
Duty of Care	The obligation to take reasonable care to avoid injury to a person whom it can be reasonably foreseen might be injured by an act, or omission of the Service or its Team Members. Duty of care is part of common law and an aspect of the law of negligence.
Dignity of Risk	Dignity of risk refers to the right of the our consumer to make an informed choice to experience life and take advantage of opportunities for learning, developing competencies and independence and, in doing so, take a calculated risk.
Negligence	The failure of a responsible person to provide the necessities of life (or the refusal to let others provide these) to a Our consumer. Negligence with regard to Duty of Care occurs when an incident could have been reasonably foreseen, and the Agency failed to take reasonable steps to prevent the incident from occurring.
Could Reasonably be Foreseen	Acts and omissions of which a reasonable person in, a similar situation, should predict could lead to harm. Effectually, this means you must attempt to predict the consequences of your actions and inactions.
Reasonable care	Taking 'reasonable care' is using sound judgement to assess and process a situation to prevent harm to others.
Harm	Includes physical harm (injury, disease) psychological harm and financial harm or 'losses' (excludes loss of reputation).
Abuse	The wilful or unintentional harm caused to a person by another person with whom they have a relationship implying trust.
Neglect	The failure of a carer or responsible person to provide the necessary care, aid or guidance to dependent adults or children by those responsible for their care.

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Physical Abuse	The infliction of physical pain or injury or physical coercion. This can also involve the overuse or underuse of medication.
Sexual Abuse	A broad term used to describe a range of sexual acts where a victim's consent has not been obtained, or where consent has been obtained through coercion.
Psychological Abuse	The infliction of mental stress involving actions or threats that cause fear of violence, isolation, deprivation, and feelings of shame and powerlessness.
Financial Abuse	The illegal or improper use of a person's property or finances. This includes misuse of Power of Attorney, forcing a person to change their will, taking control of a person's finances against their wishes, or denying them access to their own money.
Discrimination	the unjust or prejudicial treatment of different categories of people
Exploitation	the fact of making use of a situation or person for personal gain/gratification to the detriment of that person
Trauma	A deeply distressing or disturbing experience.
Mandatory reporting	A legal requirement that designated types of information acquired by professionals or institutions in the course of their work is reported to appropriate authorities.
Child	In the Child Protection Act a child is a person aged 0-15.
Young Person	In the Child Protection Act a young person is aged 16 & 17
Risk of harm	Means you have concerns about the safety, welfare and wellbeing of a child or young person.
Current concerns	Simply means at the time of making the report you were concerned about the safety, welfare or wellbeing of the child or young person.

DOCUMENTATION

Documents linked to this policy	
Forms, record keeping or other organisational documents	3.04a MRG Decision Trees – Work Instructions 3.04c NDIS Reportable Incident Procedure 3.04d NDIS Reportable Incident Poster 3.04e Open Disclosure Meeting planning and preparation 3.05a Standard Attachments to Consent to Service Agreement 4.06g(i) NDIS Participant Risk Assessment My healthcare rights Poster OS Policy 5.06 I.T and Digital Assets Management GB Policy 1.05 Code of Behaviour and Confidentiality

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