

Intensive Program

Duty of Care & Risk Identification



Ruah Community Services

Background

- Large NGO (Ruah Community Services)
- Intensive Program: Mental Health, HIV
- Complex and chaotic life circumstances...
- ... such as homelessness, no service links, violence...
- ... including **endemic** AOD misuse



Background

- Assertive Case Management
- Community-based work
- Holistic (bio-psychosocial) focus
- Stance: Program as primary service provider
- **STABILISING - Care coordination**
- **CHAOS - Crisis Management**

Risk

- **Problem: variables that present as risks in this type of work...**
- **Examples?**
 - Aggressive behaviour
 - Intent to harm others
 - Domestic / social violence
 - Self harm
 - Suicidal ideation / intent
 - Unsafe sexual practice
 - IV drug use
 - Accommodation threat
 - Psychosis
 - Medication compliance
 - Substance misuse
 - Financial mismanagement
 - Antisocial behaviour
 - Vulnerability to exploitation

Rationale

- History: work as a small team...
- Growth: operational demands of a larger team and the impact on management
- Need: to be able to meaningfully address all risks that present in the work
- Problem: most incidents involve multiple risk variables...
- Challenge: finding a systematic way of swiftly and accurately identifying **all** risks in the work in order to determine how we should prioritise our responsibilities

KEY CONCEPT

Duty of Care (DOC):

the expectation that *reasonable* measures be taken to ensure safety and/or wellbeing

DOC 'mantra':

Is there a *tangible* risk to self or to others?

RISK IDENTIFICATION

RISK CATEGORIES

- **Safety risk**

ANY CIRCUMSTANCE
INVOLVING THE POTENTIAL
FOR **DIRECT HARM**

- **Risk to wellbeing**

CIRCUMSTANCES THAT
MAY **ADVERSELY AFFECT**
HEALTH OR WELFARE

RISK IDENTIFICATION

RISK FOCI

- **Client**
- **Worker**
- **Community**

RISK - categorising

SAFETY

WELL BEING

Worker

Client

Community

TRIAGE

ASSUMPTION

CASE ONE

Recent developments have raised some concerns re a long-term male client, who has received services from the program for over five years. Over this time, several workers have established as accurate a picture of this client's circumstances as possible, given the complexity of the case.

These include:

- Severe psychotic symptoms without concrete diagnosis
- Poor insight, reluctance to receive treatment
- Transience (couch-hopping)
- Sexual risk behaviour alongside issues of sexual identity
- Poly substance use with unclear history
- Social vulnerability due to possible (likely) cognitive impairment

After going missing for some weeks, the client was located. Upon visiting the address, the client answered the door but would not invite the Case Manager inside. Some unknown associates could be seen through the screen door and several syringes could be seen lying strewn on a nearby table. As the Case Manager retreated from the building, someone yelled a loud and possibly threatening obscenity.

SAFETY

WELLBEING

Worker

Client

Community

CASE TWO

A female client who is HIV positive and with whom the service has worked for over two years has, of late, been highly transient, moving from place to place on an often weekly basis. Information from 'the grapevine' recently allowed Case Managers to pin-point her current location.

After carefully engaging the client and discussing her current situation, workers ascertained that:

- She was using "some drugs again" (unspecified), but wanted to "stop soon"
- There was "something wrong" with her – she was "feeling sick" (unspecified)
- Something violent or distressing had recently occurred to her (unspecified)

The client refused repeated offers to transport her to the hospital. Following some investigation by clinicians, symptoms of an aggressive STI were identified, alongside evidence of heavy IV drug use. Ongoing medical treatment was assessed as being urgently required, but the client had left the clinic before anything could be arranged. Last reports indicate the client had left abruptly to stay in a country town for "a while".

SAFETY

WELLBEING

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Further discussion

Questions?

THANKS!