Training Frontline Workers
Young People, Alcohol & Other Drugs

Young People and Drugs - Issues for Workers
Project Outline

This project, an initiative of the National Illicit Drug Strategy, has developed teaching and learning resources to assist frontline workers address the need of young people on issues relating to illicit drugs. They will support a training organisation in the delivery of training. The modules explore work with young people, drug use and suitable intervention approaches.

Project Management

The development of the resources has been managed by:

- New South Wales Technical and Further Education Commission (TAFE NSW) through the Community Services, Health, Tourism and Hospitality Educational Services Division
- Drug and Alcohol Office (Western Australia)
- The Northern Territory Health Service.

Acknowledgements

The original consultations, writing, practitioner review and revision of the materials has involved a large number of services including:

- Alison Bell Consultancy
- Centre for Community Work Training, Association of Children’s Welfare Agencies (NSW)
- Community and Health Services (Tas)
- Community Education and Training (ACT)
- Curtin University
- Department of Community Services (NSW)
- Department of Juvenile Justice (NSW)
- Drug and Alcohol Office (WA)
- Health Department of NSW
- National Centre for Education and Training in Addictions
- New England Institute of TAFE, Tamworth Campus
- Northern Territory Health Service
- NSW Association for Adolescent Health
- Ted Noff’s Foundation (NSW)
- The Gap Youth Centre (NT)
- Turning Point (Vic)
- Youth Substance Abuse Service
- Youth Action Policy Association (Vic)

This project was funded and supported by the National Illicit Drugs Strategy through the Australian Government Department of Health and Ageing.
The Materials

The final product, provided for distribution on CD-Rom, consists of:

- a facilitator and learner guide for 12 modules,
- a support text for workplace learning.
- Overhead transparencies using Microsoft PowerPoint for each module to support facilitators who choose face-to-face delivery.

Each document has been provided in

- Acrobat (pdf) format to ensure stability
- A Microsoft Word version to enable organisations to amend, add and customise for local needs

The primary user would be a facilitator/trainer/training organisation that would distribute the learning materials to the learners. They can be used in traditional face to face or through a supported distance mode.

Materials have been prepared to allow direct colour laser printing or photocopying depending on the size and resources of the organisation. It is not envisaged that learners would be asked to print materials.

Assessment

Where assessment of competence is implemented training organisations are reminded of the basis principles upon which assessment should be based:

Assessment is an integral part of learning. Participants, through assessment, learn what constitutes effective practice.

Assessment must be reliable, flexible, fair and valid.

- To be reliable, the assessment methods and procedures must ensure that the units of competence are applied consistently.
- To be flexible, assessment should be able to take place on-the-job, off-the-job or in a combination of both. They should be suitable for a variety of learning pathways including work-based learning and classroom based learning.
- To be fair, the assessment must not disadvantage particular learners
- To be valid, the assessment has to assess what it claims to assess.
Training Frontline Workers
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Training Frontline Workers: Young People, Alcohol and Other Drugs

Background

The project Training Frontline Workers – Young People, Alcohol and Other Drugs is part of a broad strategy to support the educational and training needs of frontline workers. The training and support needs of frontline workers not designated as alcohol and other drug workers to enable them to work confidently with young people on illicit drugs is well recognised. This project attempts to meet this need. It was funded by the Australian Government Department of Health and Ageing under the National Illicit Drug Strategy (NIDS).

Target occupational groups

This training resource has been developed specifically for the following groups of frontline workers:

- Youth Workers
- Accommodation and crisis workers
- Counsellors (including school based)
- Primary and community health and welfare workers
- Juvenile justice workers
- Teachers
- Police
Approaches to service delivery

The development of the resources brings together two approaches to service delivery:

- work with young people
- alcohol and other drug work

The two approaches which underpin these resources are summarised as follows:

Working with young people

A **systems approach** is the most appropriate model to understand and work with young people. A systems approach assumes that no aspect of behaviour occurs in isolation, rather it occurs within a wider context. In other words, to understand young people we need to consider the individual, their family, the wider community and society as a whole as well as how they interact with each other.

The systemic youth-focused approach assumes that:

- Young people deal with challenges in ways similar to other people in society (some well, others not so well). Young people develop their coping strategies and skills by learning from others around them, through their own personalities and through trial and error.

- The term ‘youth’ is a social construction. Societal values and beliefs about young people determine the way in which they are treated within society (for example, young people are viewed differently in different cultures).

- Young people are not a homogenous group. Although young people share some common developmental issues, their backgrounds, experiences and cultures are as diverse as the rest of the population.

- Young people participate actively in their lives, make choices, interact with others, initiate changes and participate in our society. They are not passive victims of a dysfunctional society, family or peer group.
The following **social justice principles** guide work with young people:

- **Access** - equality of access to goods and services
- **Equity** - overcoming unfairness caused by unequal access to economic resources and power
- **Rights** - equal effective legal, industrial and political rights
- **Participation** - expanded opportunities for real participation in the decisions which govern their lives.
**Alcohol and other drug work**

**Harm minimisation** is the most appropriate approach for working with alcohol and illicit drug issues. The goal of harm minimisation is to reduce the harmful effects of drugs on individuals and on society. Harm minimisation assumes that while we cannot stop drug use in society, we can aim to reduce the harm related to using drugs. Harm minimisation has three components: harm reduction, supply reduction and demand reduction.

A variety of drugs, both legal and illegal, are used in society. There are different patterns of use for drugs and not all drug use is problematical.

Large proportions of young people try alcohol or other drugs, including illicit drugs, without becoming regular or problem drug users.

Drug use is a complex behaviour. Interventions that try to deal with single-risk factors or single-risk behaviours are ineffective.

Drug use represents functional behaviour for both young people and adults. This means that drug use can best be understood in the broader context of the lives of the young people using them. Any interventions need to take the broader context into account.

**Training approach**

These training resources are based on the following principles:

- Training is consistent, supports a national qualification and provides a pathway to a qualification.

- Training is based on adult learning principles. It should:
  - build on learners’ existing knowledge, skills and experience
  - utilise problem-based learning and skills practice, and
  - develop critical thinking and reflection.

- Training is to be flexible and available through a variety of methods. Examples include workshops, self-directed learning, distance learning supported by a mentor/facilitator and work-based learning.
• Work-based learning provides participants with the opportunity to reflect on current work practices, apply their learning to the work situation and to identify opportunities for organisational change and development in their workplaces.

• A key learning strategy of the resources, supported by individual, group and work-based activities, is reflection: alone and with peers and supervision. To reflect upon and evaluate one’s own work, the types of intervention used and the assumptions they are based on is crucial to working more effectively.

Project resources

The Young People, Alcohol and Other Drugs program aims to provide the core skills and knowledge that frontline workers need to respond to the needs of young people with alcohol and drug issues, particularly illicit drugs.

This training resource, which comprises 12 modules, has been developed to provide a qualification and/or specific units of competence. The resource can also be used as a test or reference document to support the development of a specific knowledge or skill.

Each module (except Module 1) comprises a Learner Workbook and a Facilitator Guide. Each Learner Workbook is a self-contained resource that can be used for both distance and work-based learning or to support face-to-face learning (including workshops).

Relationship to the Community Services Training Package (CHC02)

The training modules were initially developed to support four units of competence from the Community Services Training Package (CHC99). These were:

CHCYTH1A Work effectively with young people
CHCAOD2A Orientation to the alcohol and other drugs sector
CHCAOD5A Provide support services to clients with alcohol and other drugs issues
CHCAOD6A Work with clients who are intoxicated.
Following the release of the revised Community Services Training Package (CHC02) in April 2003, the modules were revised to support the following units of competence from the revised Training Package:

<table>
<thead>
<tr>
<th>Unit of Competence</th>
<th>Module</th>
</tr>
</thead>
</table>
| CHCYTH1C Work effectively with young people | • Perspectives on Working with Young People  
• Young People, Risk and Resilience  
• Working with Young People |
| CHCAOD2B Orientation to the alcohol and other drugs sector | • Young People, Society and AOD  
• How Drugs Work  
• Frameworks for AOD Work |
| CHCCS9A Provide support services to clients | • Helping Young People Identify their Needs  
• Working with Young People on AOD Issues  
• Working with Families, Peers and Communities  
• Young People and Drugs – Issues for Workers |
| CHCAOD6B Work with clients who are intoxicated | • Working with Intoxicated Young People |

The twelfth module **Planning for Learning at Work** is designed to support participants in their learning.

The four units of competence listed above contribute to national qualifications in both Youth Work and Alcohol and Other Drug Work and are electives in a range of other qualifications. Since these units by themselves will not deliver a qualification, the additional units listed in the Community Services Training Package Qualification Framework would need to be completed.

To achieve any of the above units a learner must complete all the modules comprising that unit and be assessed by a qualified assessor from a registered Training Organisation. While it is possible to complete individual modules, this will not enable you to achieve a unit of competence. Individual modules will contribute towards gaining the unit of competence and over a period of time all modules needed for the unit could be completed.
Each of the units of competence has a different focus and has been customised within national guidelines to meet the needs of frontline workers in working with young people with illicit drug issues. The modules each provide a learning pathway with stated learning outcomes to help achieve each particular unit of competence.

Since the modules associated with each unit of competence progressively build on each other, they can be delivered and assessed in an integrated manner. This provides learners with a ‘total view’ of the essential theory and required skills for their work roles.
<table>
<thead>
<tr>
<th>CHCYTH1C</th>
<th>CHCAOD2B</th>
<th>CHCCS5A</th>
<th>CHCAOD6B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work effectively with young people</strong></td>
<td><strong>Orientation to the alcohol and other drug sector</strong></td>
<td><strong>Provide support services to clients</strong></td>
<td><strong>Work with clients who are intoxicated</strong></td>
</tr>
<tr>
<td><strong>Elements:</strong></td>
<td><strong>Elements:</strong></td>
<td><strong>Elements:</strong></td>
<td><strong>Elements:</strong></td>
</tr>
<tr>
<td>1. Develop a professional rapport with young people</td>
<td>1. Work within the context of the alcohol and other drugs sector</td>
<td>1. Assist clients to identify their needs</td>
<td>1. Provide a service to intoxicated clients</td>
</tr>
<tr>
<td>2. Address issues associated with the culture of young people</td>
<td>2. Develop knowledge of the alcohol and other drugs sector</td>
<td>2. Support clients to meet their needs</td>
<td>2. Assist clients with longer-term needs</td>
</tr>
<tr>
<td>3. Recognise that youth culture is distinct</td>
<td>3. Demonstrate commitment to the central philosophies of the alcohol and other drugs sector</td>
<td>3. Review work with clients</td>
<td>3. Apply strategies to reduce harm or injury</td>
</tr>
<tr>
<td><strong>Focus:</strong></td>
<td><strong>Focus:</strong></td>
<td><strong>Focus:</strong></td>
<td><strong>Focus:</strong></td>
</tr>
<tr>
<td>• models and approaches of working with a young person</td>
<td>• understanding AOD use in society</td>
<td>• helping young people to identify needs in relation to AOD issues</td>
<td>• assessing, monitoring and responding to the needs of young people who are intoxicated.</td>
</tr>
<tr>
<td>• principles underpinning this work</td>
<td>• approaches to AOD work factors.</td>
<td>• responding to these needs</td>
<td></td>
</tr>
<tr>
<td>• basic skills in working with young people.</td>
<td></td>
<td>• skills in working with young people on AOD issues, at an individual and a community level.</td>
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</tr>
<tr>
<td><strong>Module Sequence</strong></td>
<td><strong>Module Sequence</strong></td>
<td><strong>Module Sequence</strong></td>
<td><strong>Module Sequence</strong></td>
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<tr>
<td></td>
<td></td>
<td>4. Young People and Drugs - Issues for Workers</td>
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</table>

*In addition to the modules listed learners will need a current First Aid Certificate in order to achieve the unit of competence.*
Developing your learning pathway

Depending on your learning needs you may choose to do one, several or all of the units listed below. The following guide will help you decide which units to undertake.

<table>
<thead>
<tr>
<th>If you want information about young people and ways of working with young people.</th>
<th>If you want information about the alcohol and other drug sector and a greater understanding of drug use in society.</th>
<th>If you want skills in identifying AOD drug impacts on young people to develop responses to alcohol and drug issues for the young people you work with.</th>
<th>If you want skills and information to work with young people who are intoxicated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIT CHCYTH1C</td>
<td>UNIT CHCAOD2B</td>
<td>UNIT CHCS9A</td>
<td>UNIT CHCAOD6B</td>
</tr>
</tbody>
</table>

**Perspectives on Working with Young People**
Explores the stage of adolescence and a range of factors that impact on the development of young people

**Young People, Risk and Resilience**
Provides a framework for understanding and working with young people

**Working with Young People**
Provides a broad framework for understanding and working with young people, explores goals of working with young people and the development of specific skills.

<table>
<thead>
<tr>
<th>Young People, Society and AOD</th>
<th>Helping Young People Identify their Needs</th>
<th>Working with Young People on AOD Issues</th>
<th>Working with Intoxicated Young People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looks at ways of understanding drug use in society and by young people in particular and presents an overview of patterns and trends of AOD use by young people. Broad societal factors that influence work on AOD issues are also explored.</td>
<td>Develops skills in identifying alcohol and other drug issues for young people at an individual, group and community level.</td>
<td>Provides skills in working with young people with AOD issues on a one-to-one basis. The emphasis is on young people who are experiencing problems because of their AOD use.</td>
<td>Provides information and skills in working with intoxicated young people.</td>
</tr>
</tbody>
</table>

**How Drugs Work**
Provides information about drugs and how they act on the body.

**Frameworks for AOD Work**
Provides an overview of the range of AOD interventions, from prevention through to treatment and explores their relevance to work with young people on AOD issues.

<table>
<thead>
<tr>
<th>If you want advice about planning learning and how to learn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning for Learning at Work</td>
</tr>
</tbody>
</table>

Many learners will want to develop knowledge and skills in a number of these areas. Overlapping content across the units has been identified in the individual modules.

**NOTE:** CHCAOD2B provides key underpinning knowledge on AOD work and reflection on personal values and attitudes to alcohol and other drugs. It is recommended that this unit be completed before undertaking the other units in alcohol and other drug work. In particular, the module How Drugs Work provides underpinning knowledge about drug actions on the individual. It is recommended that learners completing CHCS9A and CHCAOD6B also complete this module.
Developing your learning plan

Before developing your learning plan you will need to have a clear idea of what your learning needs are. A learning need is the gap between what you know and can do to what you want to know and do. Once you have clarified your learning needs you can develop a plan to help you achieve your learning goals. Your plan should have details about what will be learned, how it will be learned, by when, what criteria will be used to evaluate the learning and how the learning will be validated. It is recommended that learners develop their plan with a mentor or facilitator.

<table>
<thead>
<tr>
<th>Goals</th>
<th>What do I want to learn?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies</td>
<td>How am I going to learn?</td>
</tr>
<tr>
<td>Resources</td>
<td>What resources will I use?</td>
</tr>
<tr>
<td>Evidence guide</td>
<td>What will I show to confirm I have learned it (e.g. case notes, references, supervisor feedback)?</td>
</tr>
</tbody>
</table>

Review date

Review comments
The module **Planning for Learning at Work** provides detailed information on identifying your learning needs, developing a learning plan and strategies that will assist you to learn.

Once you have identified your needs you can match them up with the units of competence and the resources available.

**Assessment**

If part of your learning plan is to achieve particular units of competence you will need to clarify how you will be assessed and by whom. Your facilitator will provide you with information on assessment activities and requirements.

**Recognition**

If you think that you already have skills and knowledge that are contained in a particular module, you may be eligible to apply for recognition of prior learning. You will need to discuss this with your facilitator who will inform you of the necessary requirements.

**Using the Learner Workbook**

The Learner Workbook is a comprehensive, workbook-style document. It can be used for distance and work-based learning modes as well as supporting face-to-face learning.

The Learner Workbook provides an overview of the module and the learning outcomes which will help you to plan and guide your learning. The content is divided into topic areas providing information for you to read, topics for research, activities that can be completed alone, in groups or in your workplace. A glossary and a list of references and resources are also provided in each module.
Information for distance and work-based learners – your facilitator’s role

It is recommended that these resources be used in supported distance mode. This means that learning occurs outside of a classroom workshop setting with the support and guidance of a qualified facilitator. If you are a distance learner it is important for you to clarify your learning needs and what you hope to achieve with your facilitator. This person will help you identify your needs, develop goals, match your needs to the units of competence and the relevant modules and develop your learning plan. Your facilitator will clarify how you will be assessed and by whom and will contact you at prearranged times to assist and support you as you complete the Workbook.

As a distance learner much of your learning is self-directed. This means that you are responsible for setting your own learning goals and organising your learning so that you achieve these goals. The module Planning for Learning at Work is a good resource for distance learners. As well as helping you to develop a learning plan, it provides a range of strategies to assist you with self-directed and work-based learning as well as helping you to identify how you learn best.

Managing your learning

Your Workbook contains a range of learning activities. These activities involve self-assessment and will assist you in your learning and your preparation for formal assessment.

The following study links will assist you in managing your learning:

- **Managing time** – You will need to plan time to undertake your learning. This may be a regular time each week or you may prefer to do blocks of learning.

- **Managing activities** – The Workbook contains a range of activities some of which will require you to have access to a phone and a computer and sources of data in the workplace.

- **Managing your learning materials** – Organise your materials so that you can easily keep track of the resources you need.
• **People who can help you learn** – Remember that a range of people can help you with your learning including your facilitator, your supervisor, work colleagues and your peers. These people can provide support, assistance and information and assist you in completing activities such as role plays.
Icons

A range of icons is used in the Learner Guide to assist you in using the resources. The following icons are used:

- **FAC** Facilitator direction
- **WPL** Workplace learning activity
- **Case Study** Case study
- **Task** Task
- **Writing exercise**
- **Group activity**
- **Links to other modules**
- **Web resources**
- **Video**
- **Question**
- **Answer**
- **A good point for student to contact facilitator**
- **Brainstorm**
- **Suggested time**
- **Overhead transparency**
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Section
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Key terms .............................................................................96
In this module you will develop skills in making the best possible decisions for the young people with whom you work, which comply with your agency guidelines and which sit comfortably with your own value systems wherever possible. Sometimes these interests are in conflict with each other and this module will help you explore these dilemmas and evaluate different ways of responding to them.

As you work through this module, at various points you will be asked to apply your learning to your work situation. If you are an experienced worker, you may find it helpful to discuss issues from your workplace (while maintaining confidentiality) and to generate some solutions with the help of colleagues or other learners. If you are just starting out as a learner or as a worker, you may focus on the more straightforward questions. Your facilitator will guide you.
1.2 Learning outcomes

When you have successfully completed this module you will be able to:

1. Develop and maintain professional boundaries when working with young people on AOD issues
2. Maintain confidentiality when working with young people on AOD issues
3. Work in an ethical manner with young people on AOD issues
4. Ensure duty of care when working with young people on AOD issues
5. Develop comprehensive case notes
6. Outline appropriate supervision processes for work with clients
7. Specify self-care strategies used to support work with clients.

It is suggested that you remind yourself of these learning outcomes as you work through the module. At different stages ask yourself whether you have achieved each of the learning outcomes. This will help you keep track of your progress, and what you still need to learn to successfully complete the module.

1.3 Assessment events

Your facilitator will provide you with information on any assessment activities you might be required to undertake. If you are not provided with assessment information when you commence this module, make sure you ask your facilitator if there are any assessment requirements for module completion.
2.1 What is professional conduct?

Working with young AOD users and young people generally, involves making decisions about how to act in particular situations. Often these decisions need to be made quickly. For example, if an intoxicated young person is threatening to harm themselves, a worker must take action immediately.
What is professional conduct?

Q

What is your understanding of the term 'professional conduct'?

A

(Write your answer here, then check the possible answers on the next page.)
Generally professional conduct dictates that workers behave in ways which:

- comply with the law
- comply with the rules and regulations of their agency
- are in accordance with the code of ethics of their professional body
- are in the best interest of the client or young person
- if possible, involve the participation of the young person.
2.2 Professional behaviour

The newspapers are often full of stories about people who have behaved in ways that are clearly unethical or unprofessional. These stories range from cases of sexual harassment to white-collar crimes such as embezzlement and fraud.

Professional and unprofessional behaviour

**Q** Can you suggest some behaviours that you would consider to be professional and some behaviours that you would consider to be unprofessional or inappropriate in your work with young people with AOD issues?

**(Write your answers in the table below then check the possible answers on the next page.)**

<table>
<thead>
<tr>
<th>Professional behaviours</th>
<th>Unprofessional behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A**

(Write your answers in the table below then check the possible answers on the next page.)
**Possible answers include:**

<table>
<thead>
<tr>
<th>Professional behaviours</th>
<th>Unprofessional behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Applying your agency’s policy on managing people with AOD issues</td>
<td>• Having a sexual relationship with a young person</td>
</tr>
<tr>
<td>• Respecting the parameters of your role in relation to young people with AOD issues</td>
<td>• Having a strong emotional attachment to a young person</td>
</tr>
<tr>
<td>• Developing a clear understanding with young people about boundaries</td>
<td>• Having a coercive relationship with a young person</td>
</tr>
<tr>
<td></td>
<td>• Obtaining drugs from a young person</td>
</tr>
<tr>
<td></td>
<td>• Supplying drugs to a young person</td>
</tr>
<tr>
<td></td>
<td>• Sharing intimate details of your life with a young person</td>
</tr>
<tr>
<td></td>
<td>• Asking a young person to help solve your problems.</td>
</tr>
</tbody>
</table>

These may seem like extreme examples, but it is sometimes difficult to work out where the line is when we are working with young people in an intense and personal way.
2.3 Developing and maintaining professional boundaries

The relationship between young people and worker is essentially one of trust and this can lead to situations where a young person may develop some level of emotional dependence.

Frontline workers often develop close relationships with young people and it is sometimes difficult to draw precise lines about what sort of behaviour is appropriate.

As workers, we cannot hope to be effective if our relationship with clients is too cold or distant, so it is often a matter of striking just the right balance.

Appropriate relationships with clients are those, which recognise that workers have enormous power in the lives of their clients. Young people with AOD problems are especially vulnerable and we should seek to maintain relationships which empower them as much as possible.

In all our relationships we set limits. Each of us has a boundary around us that defines who we are as individuals. The strength of our boundary depends on our relationship with the other person and on the context of that relationship. One of the key issues for workers is to be able to recognise when we may be crossing the invisible line which separates a client from a worker and which defines our relationship as professional and therefore workable.
Task

Personal reflection

Consider the following questions and write down your ideas. If possible, discuss your answers with colleagues or other learners.

1. **Young people often ask you about your personal life or your drug use. How do you deal with these types of questions?**

2. **You are talking with a client in a designated smoking area at your workplace. Your client knows you are a smoker and offers you a cigarette. Is it appropriate to accept?**

3. **You are working in a residential rehabilitation centre. A young client of the same sex embraces you in a non-sexual hug. What should you do?**

(Write your answers here, then check the possible answers on the next page.)
Possible answers include:

- It is a good idea to avoid self-disclosure unless you are confident that this will be helpful to the young person. For example, if a client asks you if you have ever had a drug problem they might be trying to find out if you can really understand their situation. Whatever you decide to tell them, it is important to focus on the need behind the question. You should avoid revealing irrelevant information about your personal life and try to keep the focus on the young person.

- Many workers feel that it is important to provide positive role models for young people and that this can be best achieved by not smoking with clients. Even if a client knows that you smoke you can usually show restraint without offending. However, there is quite a lot of debate about this issue. What is the view of your fellow learners or fellow workers?

- Some people say that physical contact with young people is never appropriate because it might be misinterpreted. Other workers say that young people are vulnerable and therefore it is appropriate to touch them in a non-sexual way. Keep in mind that young people who have suffered sexual or physical abuse may regard physical contact as intrusive and unwelcome. Ideally the client should always initiate physical contact. Physical contact of a sexual nature is never appropriate.

Additional discussion questions

Take some time to reflect on your own work experience.

Have there been any situations where physical contact with a young person has been an issue for you or for another member of your team? (For example, some young women are especially prone to hugging or showing affection. While this can sometimes be inappropriate, rejecting and alienating young people is also not desirable.) How did you deal with the situation?
Could you have handled the situation more effectively? How?

Does your organisation have a specific policy in regard to physical contact?

Is it possible to regulate physical and emotional relationships between clients and workers?

Does the current climate of litigation mean that workers need legal protection in their day-to-day work?
In what ways can workers protect themselves from accusations of misconduct?

In your work with young people your goal should be to establish and maintain a professional and effective working relationship. The boundaries between you and your clients should be clear to both parties. Sometimes we need to be very explicit when we work with young people, especially if they are vulnerable or very manipulative. The question for workers is how to recognise when these boundaries might be shifting or breaking down.

Maintaining professional boundaries

Consider the following questions and write down your ideas. If possible, discuss your answers with colleagues or other learners.

Q

Suggest some signs that might indicate that boundaries are shifting?

A

(Write your answer here, then check the possible answers on the next page.)
Possible answers

You might consider that your relationship is drifting into something less than professional if you find yourself:

- setting aside a lot of time for one particular client
- staying back after hours with a particular client on a regular basis
- meeting a client socially on a regular basis
- finding yourself giving personal or irrelevant details about your own life
- becoming aware that a client will do whatever you suggest, without question
- becoming aware of sexual attraction to a client
- becoming aware of strong attachment to a client
- becoming aware of strong feelings of dislike for a client.

If you recognise that your relationship with a client is becoming too intimate or that you have too much power and control over a young person, what can you do?

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

- Review your relationship with the young person
- Re-establish boundaries with the young person by clarifying your role
- Discuss the issue during your supervision session
- Alter workplace arrangements so that the client is moved to a new worker
- Arrange to share the case with another worker
  - Take time to reflect on the quality of relationships outside of work. Do you have time to develop and nurture these relationships?
- Think carefully about the best interests of the client. Are they being served?

Additional discussion questions

*You may know of situations where you or other workers have been concerned that boundaries were shifting or breaking down.*

**How were you able to identify that this was occurring?**

**How did you respond to this awareness?**
What could you have done differently?

What would you do next time you sense that this is an issue for you or one of your team?

In some work environments, it is possible that the general topic of boundary crossing can be raised at team meetings so that all workers can be sensitive to the issue and can deal with any problems before they develop into major issues. Is this a possibility at your workplace? If not, why not?
2.4 Dealing with conflicts of interest

Frontline workers face a wide variety of situations where conflicts of interest can occur. There are three main areas where this type of issue can arise:

- **Interpersonal conflicts** occur between individual workers. For example, when two workers are trying to make a decision about the best course of action for their client, or when workers conflict about the purpose and direction of their work.

- **Intrapersonal conflicts** occur when your personal values conflict with the guidelines of the agency, or when two of your personal values conflict with one another.

- **Rights conflicts** occur when the rights of an individual conflict with the rights of people in the wider community. For example, when you know that one young person is putting the health or safety of other young people at risk.

Conflicts of interest

**Q** Where do conflicts of interest arise in your workplace? (For example, in case meetings, do you frequently disagree with other workers about the best course of action for clients?)

**A**
Q: Can you suggest ways to resolve or manage these conflicts of interest?

A: Write your answer here, then check the possible answers on the next page.
A Possible answers include:

- Each worker has his or her own personal agenda. It can be useful to focus on why you feel strongly about a particular course of action. Are the best interests of the client really being served?

- It is also useful to consider the agendas of other people with whom you work. Good communication skills are required to resolve these conflicts. You may need to use your conflict resolution skills or find ways to develop these skills in your workplace.

- Keep in mind that you have a responsibility to protect yourself emotionally and professionally, while also acting in the best interests of your clients.

- Other conflicts can develop when workers have different perspectives or policies on AOD use. If you are case managing a client from a harm minimisation perspective and another worker is coming from an organisation with a policy of promoting abstinence, can you work effectively together?

If you are working with others, discuss conflicts that have occurred in your workplaces and strategies to resolve or manage these conflicts. (Remember to maintain confidentiality when discussing your experiences.)
3.1 The significance of values and attitudes

Values are beliefs or assumptions about what is good and desirable for people. This includes what we consider good and desirable for ourselves, for others and for the wider community.

Each worker has a unique perspective on the world and has their own set of values. These can often be traced back to our experiences as children and the messages that we received from our parents and friends as we grew up. As we mature, we develop our own attitudes towards life. We discard some parts of our value system and adopt new values. We bring to the workplace a whole range of life experiences that define who we are.

It is neither possible nor desirable to separate ourselves into a ‘work’ self and another ‘social’ or ‘family’ self. We may modify our behaviour to fit work or social situations, but it is not psychologically healthy to alter our whole personality or to split our psyches into separate selves.
Our identity is not fixed, but is constantly evolving as a result of our interactions with friends, family co-workers and clients. We are also influenced by our interactions with employers and with social institutions. For example, people who work in a health environment might absorb certain ideas about harm minimisation.

The significance of values and attitudes

If you are completing this course by distance learning ask at least two other people for their responses to these questions and compare them to your own. Try to write down the first response that comes to mind and encourage the others to do the same.

What three words describe what you think about young people today?

In one or two sentences describe the role of parents in today’s society?

Write down three words that describe what you think of young people who use AOD?
Being aware of our values and attitudes is important because it helps us to:

- identify why we are doing what we are doing
- identify what the consequences of our actions will be for ourselves or for the young person or colleague
- consider other or better options
- be more aware of the reasons for our responses to situations.
3.2 Values and work with young people

Our values can impact in positive and negative ways when we interact with young people with AOD issues. For example, we may attempt to influence the choices and decisions of young people on the basis of our own experiences, rather than looking at the individual situation of each young person.

Values and work with young people

The aim of this exercise is to consider some of your beliefs and values about young people, which may impact on the way you interact with them.

Read the following statements. Each statement will ask you to think about how you perceive the behaviour of young people. Consider whether you strongly agree, agree, are neutral, disagree or strongly disagree with each statement. Draw an ‘x’ on the line to indicate your feelings.

Life was easier for young people when you were an adolescent.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Young people only want to spend time with their mates.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

Young people have too many options today

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
Young people can’t make good decisions for themselves

There is no safe level of drug use for young people

It is preferable for a young person to use some substances over others

Young people who are voluntary clients are easier to work with than those who are involuntary.

The family is a safe environment for young people

Young people only think about themselves
Can you identify any emerging themes in your responses to the questionnaire? (e.g. whether you have strong views on any particular topics or issues)
Can you draw any conclusions about your attitudes?

Discuss (with a colleague or learning group) how your values and attitudes might impact on your work with young people. Are there any problematic areas or issues?

Write down some strategies you could develop to avoid these issues impacting on the young people you work with.
3.3 Personal values in the workplace

Not only can our values impact on the young people with whom we work, they can also impact on our relationships with other workers.

Right and wrong

You are working in a government run youth health centre. Your boss has a strong belief in religion and has definite ideas about right and wrong, sin and guilt. She frequently requests that meetings start with a prayer and quotes the Bible to try and instil the fear of damnation into the young people with whom you work.

She believes that abstinence from using AOD is the only way to be ‘free’ of AOD problems and that this should be the goal of all interventions with young people.

**Q** Would you be able to have an effective relationship with this person?

**Q** What values does this example bring up for you?
How might your boss’s attitude impact on young people?

How would you manage this conflict?

It can sometimes be difficult to recognise when we are projecting our own values on to others. It is often easier to notice when this is happening with our co-workers.
Scenario – Managing personal reactions to work situations

You are in a case meeting with another worker discussing the situation of a 15-year-old client who has just been thrown out of home because of her drug use. She has been your client for about one year and you feel you know her well. The other worker has suggested that you should try to reconcile this young woman with her parents but you feel reluctant to do this.

Your client is confused and not sure what she should do. You insist that things be given time to settle down before any action is taken. Your co-worker believes that something should be done as soon as possible. You spend all night worrying about the client and ring your co-worker early the next morning to discuss this case. You become angry with your co-worker when she suggests that maybe your ongoing poor relationship with your parents is influencing your decision.

Task

- Ask a colleague about their thoughts on the above scenario and discuss if possible.

- Describe in a few lines what you think is happening for you as ‘the worker’ in the above situation.
Personal reflection

(Write your answers here, then check the possible answers on the next page.)

**How can you tell if you are projecting your values?**

**Do you have any particular physical or emotional reactions that might indicate that you are over-involved in a case or not thinking objectively?**
(e.g. sleeplessness, stomach aches, being preoccupied with a particular case, being defensive, losing your cool.)

**Can you identify any issues that invoke strong or intense reactions for you?**
Can you think of any strategies to help you recognise when you might be taking too much on board emotionally?

What action could you take to manage these situations?
Possible answers include:

- you could make an agreement with another worker that they tell you if they think you are over-reacting
- you could discuss these issues during your supervision session
- you could arrange to have the case transferred to another worker.

With colleagues or other workers, discuss your ideas for managing situations where your values might be impacting on your work.

We all have personal values and attitudes that can impact significantly on the way we work with young people.

Conflicts of interest are a normal part of human interactions and the key is to handle them in a professional, respectful way.

Reflecting upon our values and attitudes can assist us develop strategies to manage work with young people.

The nature of work with young AOD users can evoke emotional and personal responses.

Developing strategies for managing those responses is critical both for yourself and for the quality and effectiveness of your work with young people.

Distance learners should take time now to reflect on their learning, check in with their facilitator and determine their progress.
4.1 Ethical principles

All workers in the community welfare and health industry base their work on a broad platform of ethical principles. These principles act as a guide to how we should treat clients and one another.
Identifying ethical principles

**Q**

What ethical principles might be applied when working with young people?

**A**

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

- a respect for basic **human rights**
- a respect for the individual and the right to **self-determination**
- a respect for different **cultures and religions** in society
- a commitment to **empowerment** and **participatory democracy**
- a commitment to **collaborative** working relationships and **collective action**
- an acknowledgement that all relationships and activities with young people are based on their **consent** (whenever possible).

You may have a much more straightforward list which includes basic ideals such as honesty and integrity and these are definitely important!

Make sure that you have a clear understanding of the terms used in the list above. Check the glossary at the end of this module.

The following document ‘Ethical Principles in Youth and Community Work’ explains the above principles in a broader detail.

**Task**

*Check whether there is a similar document at your workplace. Read through it and discuss it with other learners or colleagues.*
Ethical Principles in Youth and Community work

▲ Respect for basic human rights

Basic human rights include the right to food and shelter, the right to a fair trial and the right to free speech.

▲ Respect for the individual and rights to self determination

Each young person should be regarded as unique, and not be judged on the basis of their membership to a particular group. For example, young people should not be categorised on the basis of their particular drug use. Young people have the right to make choices and decisions about their own lives.

▲ Respect for different cultures and religions in society

Workers should value cultures and religions different to their own, they should not ridicule them or promote one religion over others.

▲ A commitment to empowerment and participatory democracy

Young people should have a say in decision-making. This includes decisions which affect them personally, and decisions about how society should be.

▲ A commitment to collaborative working relationships and collective action

Workers should value the skills and ideas of other workers and of the young people with whom they work. Workers should understand that working together for a common cause is more effective than working alone.

▲ An acknowledgement that all relationships and activities with young people are based on their consent

This principle is a more specific example of the principle regarding self-determination. Workers need to acknowledge the unequal power relationship that exists between workers and clients and seek to ensure that young people have their rights and safety protected at all times.
Reflection on the ethical principles of your organisation

If possible discuss your answers with colleagues or other learners.

Does your organisation demonstrate respect for the above principles? Can you think of an example of each principle in action? (e.g. How does your organisation demonstrate that it is committed to empowering young people?)

Are all your clients given equal respect, regardless of their age or social background?

How does your organisation demonstrate its respect for people of different cultural backgrounds?
The above document has clearly been aimed at working with young people in the general community, not specifically in an AOD context. In your workplace, can young people always have a say in what happens to them? Why? Why not?

In your opinion, if young people are intoxicated or under the influence of other drugs, are they still entitled to participate in the decision-making process? If the answer is yes, how might this occur and when would it be appropriate/inappropriate?
4.2 Codes of ethics

Your organisation or professional body probably has a written code of ethics. Sometimes these are called codes of conduct. They are an important part of your policy and procedures manual.

**What do you think a code of ethics is for?**

(Write your answer here, then check the possible answers on the next page.)

*Try to obtain a copy of your organisation’s code document to discuss with colleagues or other learners.*
Possible answers include:

- a code of ethics makes it clear what sort of behaviour is expected from workers
- a code of ethics protects the privacy and rights of clients
- a code of ethics attempts to ensure consistency and credibility in professional practice.

Keep in mind that a code of ethics is designed as a framework for practice and cannot attempt to cover every conceivable situation.

Different industry sectors have their own codes, which are applicable to each particular type of work. For example, there is a Social Workers Code of Ethics, a Welfare Workers Code of Ethics and a Code of Ethics for Alcohol and Other Drug Workers.

All of these codes share the same basic principles but have different emphases. For example, the Social Workers Code of Ethics contains detailed coverage of the client/counsellor relationship.

Developing a code of conduct for AOD workers

In the following exercise you will develop a draft of a code of ethics for people who work with young people with AOD issues with the help of a colleague, a partner or a group.

**What should a code of ethics for people who work with adolescents with AOD issues contain?**
Are there specific areas that need to be addressed?

If your workplace has produced a code of ethics for AOD workers, analyse it and add your own comments. (For example, what does it cover? What should it cover?)

Draft your own code of ethics for workers who assist young people with AOD issues. Include at least four major principles.

1.

2.

3.

4.

(Write your answers here, then check the possible answers on the next page.)
Possible answers include:

To be effective, a code of conduct would need to address the needs and rights of young people, the needs and rights of workers and the needs and rights of the employer.

Instructions about how to behave in specific situations are dealt with by creating specific policy documents. For example, an agency working with young people would have specific policies on dealing with intoxicated young people, or dealing with violence and aggression. These should be located in your policy and procedures manual.
4.3 The code of ethics for alcohol and other drug workers

By the end of the last exercise you should have developed a rough draft of your own code of ethics for your organisation. After discussion with other workers, you have hopefully improved the existing document for your organisation. It is important to note that guidelines for practice do evolve over time as workplace practices change. For example, many ethical codes have now been revised to put a greater emphasis on reducing stress and ‘burnout’.

The following Code of Ethics for Alcohol and Other Drug Workers is presented as an example. It was developed in 1993 after consultation with a range of treatment agencies and many have adapted it to suit their work and client groups. Note the combined emphasis on the quality and effectiveness of service delivery.

Review and reflection

*Read through the following document and make a brief note of anything you would like to add to your own draft ‘code’.*
The Code Of Ethics for Alcohol and other Drug Workers

Equity and access is important in service provision

Clients should have ready access to the services they need and should receive equal treatment for equal need. This is particularly important for people who have dual or multiple problems as they are often referred from one service to another without receiving appropriate treatment.

Services should be responsive to the individual's needs

Services should be relevant and responsive to the individual needs of clients. They should be appropriate for the client's gender, social circumstances, ethnic and cultural background and take into account any other problems or disabilities the person may have (for example: mental illness; intellectual, physical or sensory disability; brain injury or chronic illness). The client's values, expectations and belief systems should be respected.

Services should provide opportunities for clients and ex-clients to participate in the planning, development, management and evaluation of services which will help ensure that services are relevant and responsive to clients.

Services should be effective

Services should deliver a positive outcome for the client. The overall effectiveness of services should be measured from the perspective of the client. Services should hold regular planning and evaluation sessions. Programs that are not effective should be revised and amended so they do provide a positive outcome.

Services should be cost efficient

Services should be efficient and use the available resources to achieve the best possible effect.
Compare this document to your own draft ‘code’. Discuss the following questions with other learners or a colleague.

Does your document clearly address the realities of working with young people with AOD issues?

Is your document workable? Does it give clear directions about what type of behaviour is expected?

Is it an improvement on your current workplace document? If so, could you present it at a staff meeting?
A code of conduct deals with general standards of conduct. It acts as a set of guidelines or ground rules.

To be effective, a code of conduct needs to address the needs and rights of young people, the needs and rights of workers and the needs and rights of the employer.
Topic 5

Confidentiality

Key Issues

- What is confidentiality?
- Writing case notes
- Confidentiality and case records

Resources

5.1 What is confidentiality?

As a worker you will probably have a clear idea about confidentiality and many of you will have signed confidentiality agreements with your agencies. Many organisations deal with the issue of confidentiality in their policy and procedures manual. Privacy legislation also requires that you ensure that a client’s family and health history are kept in a secure and confidential manner.

Clients trust us with information about themselves and have a right to expect that we will keep this information private.

However, information about clients often needs to be exchanged with other workers and other services so that all workers dealing with the client have up-to-date information about the young person and their needs. This is an important part of providing a quality service.

The Youth Worker as a Confidante. Morgan & Banks (2001) Chapter 9
Confidentiality

Question (Q)

Can you suggest some of the ways that information about clients is exchanged?

Answer (A)

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

- databases
- client files
- case notes
- letters and referrals
- by phone
- electronically
- verbally.

Keep in mind that the courts can subpoena client files.

When information is exchanged in correspondence between services (for example, when you make a request or make a referral), it is important to ask for the client’s signed ‘permission to exchange information’ so that you do not breach confidentiality.

Most workers would agree that confidentiality is a complex matter. For example, parents of younger adolescents often request information.
Do you think that parents should have access to a young person’s file notes? Are there any situations when this might be appropriate?

If the young person is your client and not the family, how does this impact on your confidentiality agreement with the young person?

Sometimes the young person’s right to self-determination (the right to make their own choices and decisions) can conflict with their need to be parented. Can you come up with possible solutions to this dilemma?

(Write your answers here, then check the possible answers on the next page.)
Possible answers include:

One way of dealing with these dilemmas is to discuss them with the young person concerned. You might be able to help them identify the advantages and disadvantages of telling their parents about the issues. This keeps the choice in the hands of the client.

Are there any situations where the principle of confidentiality must be broken to protect the interests of the client?

Additional discussion questions

What confidentiality issues have been raised in your workplace (e.g. have you had a problem with paperwork going astray or has the receptionist discussed private information when other clients are listening)? How were these issues dealt with?
How might these issues have been dealt with more effectively?

Are there any workplace procedures that prevent workers from maintaining the confidentiality of clients? For example, is confidentiality maintained during case meetings?

How might these procedures be altered to give clients more protection?
Read the following case study and write down your comments

A youth worker in an inner city youth centre had been working with a group of about 20 young people aged 14-20 who congregated on street corners near the centre. They had a passion for rave music, and over half of the group admitted to using drugs (mainly Ecstasy and LSD). The group complained of boredom, so a contract was drawn up with them to enable them to use the centre twice a week to play their music. They agreed that no illegal substances would be brought into the centre and that they would not attend the centre under the influence of drugs.

With the odd exception, this agreement was kept and the worker began helping a sub group on issues around drugs. Problems emerged when a drug dealer known to some of the people started hanging around outside the centre. Due to his close contacts with the young people, the worker had information which could lead to the arrest of the dealer. Colleagues and the majority of the members of the centre’s management committee urged the worker to go to the police. The worker knew that this would mean losing contact with the young people and being labelled a ‘grass’. He felt he had been making some headway with them on harm reduction strategies.

(Re-printed from Morgan & Banks, 2001)

What do you think the worker should do in this situation?

• Is there a range of options?

• Whose interests are the most important to you as a worker?

• Is it possible to balance these competing interests?
Have you faced similar situations in your own work? How have you solved these dilemmas?

If possible share your ideas with colleagues or other learners.
As a health worker or a youth worker you are normally required to keep case notes. A young person should be told that case notes and other records will be kept about them and they should be able to access them on request.

Task

Q Write down some reasons why you think case notes are kept?

A (Write your answer here, then check the possible answers on the following page.)
Possible answers include:

- **accountability** (so that we can demonstrate we are providing an appropriate and effective service)
- **legal responsibility** (case records can be subpoenaed as court documents)
- **to keep a history** of the client (so that we can provide appropriate therapy/care)
- **to make referrals** to other agencies.

Case notes can be detailed or brief and can contain different types of information depending on the requirements of the organisation.

**What sort of information do you keep in your case notes?**

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

Most case notes contain the same general information, which includes:

- the personal details of the client (these are on a referral sheet/cover sheet)
- family history
- type of contact (whether you phoned the client or saw them at home, at a centre or in a formal counselling situation?)
- details of major issues
- action plans (detailing who is responsible for which action)
- arrangements for the next meeting
Read the examples of case notes on the following pages and compare them with your own case notes.

Examples of case notes

Example 1. **20/10/02 – Accommodation service**

Client interviewed for first time in the office. Was referred from local child protection agency. Seemed very angry and hostile at the beginning of the interview, but seemed more settled once I had indicated that her involvement with the agency was to be on a voluntary basis only, and that she could choose to leave whenever she wanted. Seems to have had a number of involvements with agencies over the years, some of which she seemed OK about, some of which seems to have acted as a negative reinforcement. Stated that she feels that everyone else seems to be in control of her life except her. Parents and boyfriend have been ‘giving her grief’ about her using.

Client stated that cocaine is her current drug of choice and that her use is limited to weekends because of financial restraints. Stated that weekends are ‘fairly heavy’ and that she is struggling to get through the week. Outlined policy regarding AOD use on these premises. Client told that she would have to leave the program if she uses on the premises. She agreed to come back next Friday at 2 p.m. to discuss the issues in more detail and whether she wants to commit to this program.

Example 2. **20/10/02 – Outreach service**

Phoned client to check how things were going in relation to problems with transport to visit various specialists at the local hospital. Client said that family is unable to assist. Said that I had been in contact with local community transport group who are happy to assist. However, client will need to contact them to make the arrangements and provide details of dates and times. Client indicated that this was fine and that he would get in touch with them in the next few days. Indicated that I would see him next week as arranged.
Do you think that these case notes are useful? If not, why not?

Improving case notes and records

Consider the case notes you are currently writing. Would they be useful to another case worker if you were to leave the organisation? Do they give an accurate picture of the client’s history and current situation?
Could you write better case notes than the ones you are currently writing? Consult the following checklist to see where you can improve.

- Do you always use language that is non-judgemental? (i.e. neutral)
- Do you avoid making assumptions about the client and always stick to the facts?
- Do you always indicate clearly when a comment is an observation? (e.g. she seemed upset)
- Do you make it clear when you are recording the client’s own words (by using quotation marks or by writing ‘the client stated that’)?

(Please write your comments below.)
Keep in mind that the courts can subpoena records and other reports and that you need to be very careful about what you say about a client. Take care to record only what you have observed about a client. You can do this by referring to what you can see, hear or smell. For example, you should not say that a young person was drunk or speeding. You could say that someone smelled of alcohol or that their pupils were dilated etc.

Keep in mind that you can also be subpoenaed by the court to explain your case notes. Since you need to be able to justify every entry in your case records, ensure that your notes are not ambiguous in any way. Again you can ensure this by only recording observations and relevant statements made by you or the client.

It is important to write your case notes as soon as possible after you have seen or spoken with a client. It is difficult to remember something accurately if a week has passed since your meeting.

Keep in mind that clients have the right to access their records so they should always be written as accurately and clearly as possible.

If you want the best outcomes for your client, then you need to represent their interests in a way which is fair and accurate. Being judgemental, or making assumptions will not help. Try to focus on the positives for each young person you are working with.

The above suggestions also apply to other records such as incident reports covering OH&S matters including accidents or threats of violence. These events need to be recorded factually for the same reasons.

Task

Are there any guidelines in your policy and procedure manual regarding critical incidents? How are these reports filed at your organisation? Are they kept in a secure place?
Writing for other organisations

Workers are often required to send reports or letters of referral to other agencies. This information needs to be presented in a way that is:

  - clear
  - concise
  - accurate
  - reliable
  - relevant to the request
  - presented appropriately.

Referral letters

Read the following referral letter and underline the places where the worker has used inappropriate language.

Example: Referral letter

Sunnyvale Rehab Centre

Tuesday

Dear Jimbo,

Ben is one of my clients and he’s asked me to see if he can come into your program sometime soon. He is very immature and has poor social skills. I think that his parents are to blame for this as they moved around a lot when he was young.

Ben comes to our centre quite a lot and he told me that he fancies Mary, one of our other young clients. I don’t think she fancies him. He is always off his face when he arrives and usually causes fights by punching and hitting the other boys.

I don’t think that he would fit in very well at your service, so I would think twice before accepting him into your residential program.

Call me if you want more info.

Cheers

Fred Nerk

p.s. Fred has three younger sisters living at home.
Write your own version of this letter, using appropriate language.
As a worker, you know that you have an obligation to keep information about clients in a safe and secure place. However, sometimes this is not as easy as it seems. There are a lot of pressures on workers and often very little time to catch up on paper work during a busy day.

Read the following scenario and make note of the places where confidentiality may have been breached.

A DAY IN THE LIFE OF THE ‘HENRY SMITH’ RECORD: A HORROR STORY

This is the story of a case record for a young man called Henry Smith. It contains case notes and other confidential information about Henry. For example, it contains his drug use history and details of the court decision about his possession of cocaine.

9.00 am. Henry's record is resting quietly in a locked cabinet in the back room. The record is aged four. (In other words Henry Smith has been a client for four years). The record is nice and fat. It bulges out of the sides of its manila folder with various reports from doctors, psychiatrists, youth workers and drug and alcohol workers. At present Henry’s case is in the hands of Susan, a Drug and Alcohol Worker at the Sunnyvale Rehabilitation Centre.

9.30 am Susan arrives at work and takes the record from the locked cabinet and carries it to her desk to leaf through. In comes the admin person (Sam) who borrows it, takes it to his desk and files some new pages in it and removes some others for copying. The ‘Henry’ file is left on his desk while he goes off to do the copying in another part of the building. When he’s finished Sam returns the file to Susan’s desk.
10.00 am  Susan is reading the file and discovers that an important document is missing. She asks Sam if he’s seen it. Sam panics and runs to the copying room hoping to find it still in the photocopier. It isn’t! Sam spends the next 15 minutes looking for the document and eventually finds it with the admin person of the section next door. One of the staff from that section had found the report and read it, but couldn’t figure out who it belonged to, so he left it on the desk of the admin person for his section.

12.00 noon  Henry’s file remains on Susan’s desk while she goes to lunch.

1.30 pm  Another worker enters the room and shuffles through the papers on Susan’s desk. He takes the file to his desk to write down some phone numbers he needs for making a referral for one of his own clients. On the way to his desk a piece of paper falls out of the file and lands on the floor. It goes unnoticed. The other worker returns the file to Susan’s desk.

3.00 pm  Susan has to attend a staff meeting with the rest of her team. She takes Henry’s file with her so that she can talk about some of the problems she is having with his case. At the meeting the file is passed around to various workers to illustrate her point.

5.00 pm  It is time for Susan to go home. She has decided to take home some of her case files and catch up on some paper work. She catches the bus home and fills in the journey by reading over her case notes. The bus is very crowded.

6.00 pm  Henry’s file arrives at Susan’s house where she is greeted by three children, two dogs, and her partner. The file is deposited hastily on the dining room table where it sits while Susan starts making dinner. Meanwhile her two-year-old is restless. He heads for the table and amuses himself by drawing nice pictures on the cover of the file.

7.00 pm  Susan’s teenage daughter arrives home. She is bored and hungry. Her eye falls upon Henry’s file. It soon becomes the most fascinating reading she has seen in ages.

8.00 am  The next day the file travels to work by car. Upon arrival, Susan is told that they are having a clean-up day. Henry’s file is accidentally included in the box of papers to be discarded and it arrives at the tip where its pages are caught by the wind and blown all around.
11.00 am Later that morning, Bob the businessman picks up one of the pages, sees that they belong to the Sunnyvale Rehabilitation Centre and rings to let them know that confidential information flying around the tip. Sam is horrified. He hastily arranges for a maintenance crew to go down and retrieve as much information as possible. This needs to be done quickly, so as to avoid a major lawsuit.

**Task**

Answer the following questions and if possible, discuss your answers with colleagues or other learners.

**Q**

*How could Susan have kept this record confidential and still kept up with her paperwork?*

**QA**

**Q**

*Can you suggest ways to keep electronic records confidential (e.g. computer files, emails)?*
The ‘Henry Smith’ horror story is an extreme example of what can happen to client records but similar incidents can, and do, occur from time to time. Have you had any similar incidents at your workplace? How could the incident have been avoided?

Does your workplace have a policy on protecting client information? How specific is it?

Distance learners should take time now to reflect on their learning, check in with their facilitator and determine their progress.
Topic 6

Duty of care

Key Issues

- Duty of care issues
- Duty of care, the law and young people
- Confidentiality and the law

6.1 Duty of care issues

This topic covers some of the issues around your responsibilities to your clients and to other workers. As a worker, you have a legal and moral responsibility to keep your clients safe from harm whilst they are using a service. This responsibility is known as 'duty of care'.
Can you suggest some ways in which young people might come to harm at your organisation or in your work context?

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

- physical injury (from an unsafe environment)
- physical injury (as a result of violence from other clients or workers)
- sexual abuse (by another client or a worker)
- infectious disease
- misinformation.

Workers have a responsibility to their clients to **reduce or limit** the amount of harm or injury they may experience. This responsibility is known as ‘duty of care’ and it can sometimes seem overwhelming. For example, our responsibility to one party (for example, our employer) might conflict deeply with our responsibility to our clients. It helps to remember that duty of care is a balancing act.

There are several aspects to duty of care:

**Legal** – What does the law suggest we do?

**Professional/ethical** – What do other workers expect us to do?

**Organisational** – What does our organisation, and its funding body, say we should do?

**Community** – What do the parents of our clients and other community members expect us to do?

**Personal** – What do our own beliefs and values suggest we do.

We need to balance the safety of the young person against other concerns such as:

- the safety of other people/our personal safety
- other rights of young people (e.g. the right to privacy)
- the aims of the service (e.g. to empower young people)
- the limits of our organisation (e.g. money and other resources)
Please read the following scenario and write down some options for the worker.

SULA

Sula visits your centre on a regular basis for counselling. One day she arrives and is clearly very unwell. You think she needs medical attention but she says that she does not want to see a doctor. Are you carrying out your duty of care if you call the doctor yourself?

What do you think is the right course of action?

Additional questions

Describe the process by which you would come to a decision. What factors would you need to consider? For example, would the quality of your relationship impact on your decision?
How do you perceive the rights of young people? Are your values reflected in your practice?

JACK

You are a worker at a youth accommodation service and Jack, one of your residents, arrives one night after curfew. He is clearly under the influence and demands to be let in. You know that he will not go away because he has nowhere else to go and you feel reluctant to call the police because of his history. You decide to let Jack in but he quickly becomes more and more aggressive. He wakes the other residents and verbally abuses one of them. It emerges that he has a weapon and he threatens to harm himself and take you all with him.

If possible, discuss your answers to the following questions with colleagues or other learners.

Should you try to protect yourself, the client or the other clients who are at risk? What do you think is the right course of action?
How can we balance the right of young people to control their own lives with our duty to prevent them from coming to harm?

Where does our primary responsibility lie?

How do we balance our own safety with the safety of others?

When you are faced with situations where there are conflicting responsibilities, how do you come to a decision? Can you think of an example from your own workplace?
Additional questions

Can you think of some situations from your workplace where you have had to make decisions which comply with the policy of your organisation but which sit uncomfortably with your own value system?

- What was the situation?

- What did you do?

- What could you do if this situation arises in the future?

(Write your answer here, then check the possible answers on the next page.)
Keep in mind that when decisions need to be made quickly you need to consider the guidelines that have been set down by your organisation and wherever possible, balance these against your own instinctive reactions.

Remember, the law does not expect perfect care. The standard of care expected is the standard that a reasonable person would provide.

Task

What types of skills and knowledge do you think a worker should have?

(Write your answer here, then check the possible answers on the following page.)
Possible answers include:

We can reasonably expect that workers will:

- act within the law
- have knowledge of workplace policies
- have the skills and training to work with young people
- have knowledge about legal and illicit drugs and their effects
- use their common sense.

The principle of duty of care is that you have an obligation to avoid acts or omissions, which could be reasonably foreseen to injure of harm other people. This means that you must anticipate risks for your clients and take care to prevent them coming to harm. Remember that harm encompasses both physical and emotional harm.
6.2 Duty of care, the law and young people

It is clear that our duty of care involves being aware of the risks that exist for young people. Those who use illicit drugs are obviously taking risks with their health and wellbeing and we need to think carefully about their interests. For example, if a young person tells us that they are using amphetamines, do we have an obligation to tell them about the effects that this drug might have on them? Do we have a duty of care to educate young people about ‘safer’ using? A harm minimisation approach would suggest that we do.

• Sometimes we are faced with situations where there is conflict between protecting people from harm and impinging on their rights. We need to make judgments about how important these rights are to our clients. For example, if a young person tells us about their drug use in confidence, do we have an obligation to tell other workers or their parents?

• Young people with drug and alcohol issues will also want to talk about other areas of their life such as their relationships with family and friends. They expect the worker to maintain confidentiality about these discussions.

• Sometimes the law requires that we break the confidentiality of clients. In these circumstances, we should always tell the client that this is going to happen.

The law and young people

There are a number of laws which impact on young people.

What laws impact on the lives of young people?

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

- the age of consent
- the sale of alcohol and cigarettes to young people
- the sale and possession of illicit drugs
- the requirement for young people to attend school
- the safety and protection of young people.

If you have access to the Internet you should research the laws for your state, especially those relevant to the sale and possession of illicit substances. Not only do these laws vary from state to state, but also they can change very quickly.

For example, in NSW the age of consent for sexual activity is 16 years for girls. For boys, the age of consent for heterosexual sex is 16 and for homosexual sex is 18.

In NSW The Children and Young Persons (Care and Protection) Act 1998 requires all community services and health workers to contact their Community Services Department if they have concerns for the safety, welfare or well being of a child. The Act differentiates between children (under 16) and young people (16−17 years). This is an important distinction to make, as it recognises that older adolescents may be physically and emotionally mature and heading towards financial and social independence.

In most states, you must let your Community Services Department know if you suspect that a child is being physically, emotionally or sexually abused. Mandatory reporting means that you don’t have a choice. The law says you must make a report. You may report a young person if you think they are at risk, but you won’t be penalised if you choose not to. You can use your discretion.
6.3 Confidentiality and the law

The law generally requires workers to protect the confidential information of their clients. The *Commonwealth Privacy Act, 1988* and the *Privacy and Personal Information Act, 1998* (NSW) strengthen this protection. This legislation states that an individual’s personal and family history cannot be divulged to other organisations without their consent, and that these records must be kept in a secure place.

Other laws prevent disclosure of a person’s HIV status. In most cases you mustn't reveal that someone is HIV positive without their permission.

A young person who knows that they are HIV positive or has AIDS is obliged to disclose their status if they are:

- planning to have sex with someone
- donating blood

They do not have to tell anyone else.

In some situations you mustn't reveal the criminal history of a young person. However, sometimes you will need to break the confidentiality agreement that you have made with a young person. You should always tell young people that this is a possibility when you work with them, preferably at the beginning of your relationship.

There are other laws that actually require workers to break confidentiality. For example, you must inform the police if someone tells you they have committed a serious crime or if they intend to commit a serious crime.

You also have a duty to warn that someone may be harmed. For example, if someone tells you that they intend to assault another person, you have a duty of care to tell that person, even if you don't know them.
Read through the following scenarios and write down what you think the worker should do in each case.

(Check your answers on page 82.)

Case Study 1

Peter is a 17-year-old client in your detox centre. He is in a relationship with Robyn, a 16-year-old girl who occasionally comes to the centre to attend support groups. During a routine medical check-up, Peter discovers that he has herpes. He reveals this to you in a counselling session and says that he has not told anyone else. You are concerned that he might be having unprotected sex with Robyn.

A

Case Study 2

You are working in a rehabilitation program for young people. Mandy is a 15-year-old girl who discloses to you that she was raped six months ago. The man who raped her is still part of her social network. Mandy does not want you to tell anyone because she is afraid that he might retaliate.

A
Case Study 3

Jim is a 13-year-old client who has been seeing you for drug and alcohol counselling. He discloses to you that he is currently homeless and has been sleeping rough in the park.

Case Study 4

Anton is a 15-year-old client at a Youth Drop-In Centre. One night he casually discloses to you that he recently witnessed the severe bashing of a shop assistant during a robbery of a jewelry store. You are aware that the police have not solved this crime.
Possible answers include:

Case Study 1

You would be breaching confidentiality if you told Robyn about Peter's condition without his permission. Your responsibility is to educate Peter about the transmission of herpes and explore the advantages and disadvantages of telling his partner. You might also use the support group as another avenue of discussing safe sex.

Case Study 2

To be consistent with the child protection legislation, you are required to notify Community Services against Mandy's wishes. Workers from Community Services do not interview the alleged perpetrator. Their role is to interview the young person to confirm there is a case of sexual abuse before referring the matter to the police who would then investigate. Unless the perpetrator is charged, they would not be told the identity of the accuser.

Even with this information, Mandy might still be worried that the perpetrator will guess who accused him. She can tell the interviewers as little or as much as she chooses. You might help her by exploring the advantages or disadvantages of giving information.

Case Study 3

Unless you can resolve Jim's situation quickly, for example by referring him to a refuge, you must also report his case to Community Services. Children who are homeless are considered to be 'at risk' and you are mandated to report this situation.

Case Study 4

All people (except clergy, medical practitioners and legal advisers) are required to give the police any information they may have about a serious crime including arson, murder, assault and sexual assault.
People who choose to work directly with young people often find their work stressful and challenging. It is tempting for workers to believe that they should just ‘get on with the job’. However, it is important for you to have established support networks and to have adequate supervision so that you can perform to the best of your ability. This topic deals with ways to organise and maintain effective personal and professional support.
7.1 Identifying support networks

You will probably be aware that it is part of your professional responsibility to make sure that you receive adequate emotional and professional support.

Working directly with young people means that there will be times when you feel drained and exhausted and that you are not making any headway.

It's at times like this that you need to find ways of coping with stress so that it does not impact negatively on your life. You need to maintain your physical and emotional well being so that you can perform your work duties effectively and maintain a balance between your work and your personal life.

You also need to be pro-active in developing and maintaining your professional skills.

Identifying support networks

This exercise is designed to help you identify your personal support network. You will need a large piece of paper to complete this exercise, A3 or bigger. You will also need some different coloured pens. Feel free to be as creative as you like.

First, draw a picture or symbol of yourself in the centre of the paper. Then, draw pictures or symbols of all the people or things, which support you in learning or being creative at work. You might like to include behaviours like walking to work or having regular lunch dates with friends. You might include colleagues, books, team meetings, and friends. These all contribute to your creativity and productiveness at work.

Next, give an indication of the strength of these supports. Are they strong or weak links? Is this support regular or occasional? You can indicate this by drawing dotted lines to indicate occasional support and heavier lines to indicate strong or regular support.
Next, add the things that block your progress in a different coloured pen. What stops you from getting the support you need? You might include criticism from other people, self-doubt, or the unavailability of support.

When you have finished, share your map with a partner. Explain your work and then ask your partner to give you an overall impression of your map.

Answer the following questions:

- **Is this the kind of support you want?**
- **Is it enough? What support is missing? How could you obtain such support?**
- **What support is really positive for you to the extent that you need to make sure you have it?**
- **Which blocks could you reduce?**

Repeat the process in relation to your partner’s map.

You and your partner should then each develop an action plan for getting the support you need.

Your personal action plan should identify:

- **what type of support you need**
- **how you are going to obtain this support**
- **when are you going to get this support**
- **who does it involve?**
7.2 Negotiating and maintaining effective supervision

Supervision is a right of workers and many organisations have supervision policies and formal supervision arrangements in place. Reflect on the arrangements in your workplace and consider whether or not your current supervision is working for you.

The supervision process provides workers with the opportunity to:

- reflect and discuss challenging and confronting aspects of their work
- reflect on things that they have done well and work out ways of dealing with situations more effectively
- discuss client situations when they feel they are ‘stuck’ (while maintaining confidentiality, of course!)
- explore any issues arising out of their work role that need addressing.

Supervision is an important part of taking care of yourself and should be an ongoing process.

Supervision can be provided by managers (in house), by external providers (usually on a contract basis), or by peers (in a team supervision situation).

Supervision provides a learning opportunity by allowing you to time to reflect on your work and develop your professional skills.

Although many organisations have supervision policies in place, sometimes these arrangements are sidelined or overlooked, especially if the organisation is in crisis or undergoing rapid change. Of course this is the time when supervision is probably most necessary. You need to remind yourself that supervision is a right.
In order to avoid problems, it helps if you can negotiate a contract with your supervisor. A supervision contract should set down the ground rules for what will happen and how.

**Task**

Choose a partner to work with and write down some of your ideas.

**Q**

What items would you include in your contract?

**A**

(Write your answer here, then check the possible answers on the next page.)
Possible answers include:

- frequency of supervision (weekly, fortnightly)
- place where supervision session will occur
- examples of allowable disruptions of a supervision session (e.g. if there is a crisis at work or at home)
- the expectations of the worker
- the expectations of the supervisor.

Strategies for improvement

*If you already have supervision arrangements in place (with or without a formal contract), reflect on ways in which the process could be improved or revised.*

**What strategies can you suggest that will improve the process for you and other members of your team?**

**What are some of the qualities that you would like your supervisor to have?**

*(Write your answers here, then check the possible answers on the next page.)*
Possible answers include

Supervisors should:

- demonstrate a high level of professional skills in their own work
- demonstrate the appropriate personal characteristics (e.g. they should be optimistic and encouraging, have a sense of humour, be empathic and sensitive to the needs of others and have good listening skills
- have a good knowledge of individual differences with regard to gender, ethnicity, culture, age and sexual orientation
- have knowledge of the policies and procedures of the workplace and be familiar with the ethical, legal and regulatory aspects of the field of work
- be able to set clear goals for the supervision session in consultation with the worker
- provide immediate feedback relevant to the issue. This feedback should be honest, objective and constructive.

Can you identify any specific shortcomings in your current supervision arrangements? For example:

Do you have open communication with your supervisor?
Does your supervisor concentrate on giving you support at the expense of constructive criticism?

Does your supervisor define clearly what they expect from you?

Does your supervisor make time for you?

How could you be more proactive in resolving these and any other problems you are experiencing with your supervision?

(Write your answers here, then check the possible answers on the next page.)
Possible strategies for improving supervision include:

- asking for a more direct response
- asking for constructive criticism
- making your own expectations clear
- being assertive in regard to appointment times
- being prepared for supervision with a written agenda
- asking for a different supervisor, if possible
- seeking out external supervision
- suggesting other supervision methods (e.g. team supervision).
Topic 8

Summary and conclusion

8.1

At this point you should speak with your facilitator and together assess whether you can:

• Develop and maintain professional boundaries when working with young people on AOD issues
• Maintain confidentiality when working with young people on AOD issues
• Work in an ethical manner with young people on AOD issues
• Ensure duty of care when working with young people on AOD issues
• Develop comprehensive case notes
• Outline appropriate supervision processes for work with clients
• Specify self-care strategies used to support work with clients.

If you have any concerns about meeting these learning outcomes you should speak further with your facilitator.

Before you contact your facilitator, complete the Reflection Activity in this topic.

Remember that if you want to know more about any of the topics covered in this module, a range of references are provided at the end of this module.

You could also contact your local health service or youth service for further information.
8.2 Summary of contents

In this module we have identified that professional conduct involves a whole range of issues and responsibilities and that working with young people in an AOD setting has its own particular issues and problems in this regard.

Young people are vulnerable and as a worker, you have a powerful influence over their lives. This power must be exercised with care.

Workers are often placed in situations where they must weigh up the outcomes for clients and at all times you need to think through the consequences of your actions.

Keep in mind that your relationship with a young client is essentially one of trust and that young people should be treated with respect. We need to maintain professional boundaries while still maintaining an attitude of care.

As well as your moral obligation to work in the best interests of your clients, you are bound by ‘duty of care’ and by various legal constraints. You should endeavour to find out about the particular laws that apply to your state or territory. These can change rapidly.

Workers often find themselves in stressful situations and you should try to put in place adequate support systems so that you can continue to work effectively.
8.3 Self-reflection activity

Take some time to reflect on what you have gained from your learning. You may wish to share your insights with other learners or colleagues, if possible.

What aspect of this module do you feel is most relevant and useful in your work practice?

What kinds of issues has this module raised for you in your work?

Have you identified any further learning needs as a result of completing this module?

If so, what are some ways you can achieve these learning needs?


<table>
<thead>
<tr>
<th>Key terms</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Code of ethics</td>
<td>A statement of the values, principles and rules of a profession which regulates the conduct of its members.</td>
</tr>
<tr>
<td>Collective action</td>
<td>Based on the idea that people achieve more if they work together and combine their ideas, skills and strengths.</td>
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<tr>
<td>Confidentiality</td>
<td>Agreement by workers not to disclose information about clients without their permission. However, in some circumstances the law requires them to break this agreement.</td>
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<tr>
<td>Democracy</td>
<td>Based on the idea that everyone should have the chance to be involved in making the decisions that affect them.</td>
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<tr>
<td>Duty of care</td>
<td>Obligation to prevent foreseeable harm coming to clients or coworkers.</td>
</tr>
<tr>
<td>Empowerment</td>
<td>Process of helping young people increase their personal, interpersonal, socio-economic and political strength to improve their lives.</td>
</tr>
<tr>
<td>Ethical principles</td>
<td>Moral principles adopted by a culture, group or profession. They lead to the formation of rules on ethical conduct.</td>
</tr>
<tr>
<td>Participatory self-determination</td>
<td>Clients’ right to make their own choices and decisions without interference. However, self-determination is sometimes limited to prevent harm coming to people.</td>
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