

|  |
| --- |
| Client incident management system |
| Reporting Absent Clients in Out of home Care Guideline |
| 18 August 2021  OFFICIAL |

Contents

[1. Introduction 4](#_Toc71102649)

[2. When should an absent client be recorded as a CIMS incident report? 4](#_Toc71102650)

[3. When should the incident report be written? 5](#_Toc71102651)

[4. Who should complete the incident report? 5](#_Toc71102652)

[5. Clients Absent for extended periods of time 5](#_Toc71102653)

[6. Risk Assessment 6](#_Toc71102654)

[7. How should the incident report be written? 6](#_Toc71102655)

# Introduction

The following information is designed to assist Out of Home Care programs across the sector to report absent clients consistently in accordance with the Client Incident Management Guide. <https://providers.dhhs.vic.gov.au/client-incident-management-guide-cims-word>

Absent client reports must be submitted to the department via the Client Incident Management System (CIMS)

|  |  |  |
| --- | --- | --- |
| **CIMS** | Absent Client | ***Client is unexpectedly absent from the service or absent without authorisation and there are concerns for their safety***.  **Major impact**  Severe impact (injury or suffering) that is likely to cause ongoing trauma  Pattern of non-major incidents that lead to cumulative severe impact  **Non-major impact**  Impacts to the client do not require significant changes to care arrangements other than short term interventions.  Incidents that result in minimal harm |

# When should an absent client be recorded as a CIMS incident report?

This depends upon the individual client and their specific circumstances. If in doubt use a CIMS report.

Definition: A client is unexpectedly absent from the service or absent without authorisation and there are concerns for their safety.

|  |  |
| --- | --- |
| **Overall Risk Assessment** | Age, length of placement, known or unknown people they are with, (have they left with another client?), time of day, behavioural history (do they leave the placement all the time or is this a first), how long have they been absent? Is there a known reason for why they are absent (eg: did something trigger their absence? Was there an argument prior, did they learn of upsetting news etc). Is the client missing crucial medication? |
| **Is the client at a known location or not?** | Does the location pose increased risk? Spending night at a partner or family members house versus unknown location impacts risk greatly? |
| **Consult the Client Support & Safety Plan** | Are there specific guidelines on when to report client as absent?  Follow plan unless there is a significant change in details to increase risk to client (is with a known person of concern, reported to be self-harming) |
| **Is there a Crisis Management Plan?** | Are there specific guidelines on when to report client as absent?  Follow plan unless there is a significant change in details to increase risk to client (is with a known person of concern, reported to be self-harming) |
| **Is the client communicating?** | Are they answering phone calls or text messages or failing to respond? |

# When should the incident report be written?

The timing of the incident report depends on the client and their individual support & safety plans and an assessment of the risk to the client as informed by considerations outlined in section 2. Both major and non-major impact incidents require service providers to submit incident reports to the Department within three business days of witnessing an incident or the disclosure of an incident.

# Who should complete the incident report?

The incident report should be written by the most senior witness to the incident or, if there were no witnesses, the staff member to whom the incident was disclosed. The incident report form can be located at: <https://cims.vic.gov.au/>

If the client is not well-known to the service provider (e.g. new placement) consultation should occur with Child Protection and/or After-Hours Child Protection Emergency Service, (AHCPES). Based on the information gathered a determination regarding impact should be made and where appropriate and incident report should be completed. Ensure that this contact and the decision is documented in relevant Case Notes.

The appropriate CIMS registered user MUST quality check all reports and include all current information relevant to the client’s absence. Once this quality check has been completed the incident should then be submitted/transmitted to CIMS/the Department.

# Clients Absent for extended periods of time

The daily client case notes should be used to record ongoing absences and actions taken – police reports, child protection consults, outreach attempts etc.

The client file should include copies of ongoing updates to Child Protection on the absence (emails) and the Contracted Case Manager.

If the incident report was initially entered as a non-major impact report to CIMS then another incident report, usually to a major impact (depending on an updated risk assessment) **should only be made if the risk escalates significantly and there are increased concerns for client safety**. Include the information that the client is STILL missing, why concerns have increased and reference the previous incident report CIMS IRD number.

Care Team meetings minutes should also record discussions of absent client incidents and include details of actions undertaken or to be taken as a result of these discussions.

# Risk Assessment

*The following factors should be considered in a risk assessment. It is noted that the impact for each individual client differs and the decision made on the basis of the risk assessment will rely on the professional judgement of the staff who check, approve and transmit the incident report.*

|  |  |
| --- | --- |
| **Age / Stage of development** | How old is the client? Does this match their developmental age? (i.e. is there a factor that inhibits decision making expected of their age group?) |
| **Placement length /**  **Length of time absent.** | Is this a new client? If so, there may be little known information and therefore risk may be assessed as higher.  How long has the client been missing? |
| **Time of day** | Is there a curfew on them leaving placement? |
| **Who are they with** | What is known about the people they are with and the influence they have on the client?  Being with known family members may be very high risk.  Are they believed to be at known location? |
| **Medication** | Are they missing crucial medication due to being absent from the house? What are the potential consequences on physical and mental health? |
| **Known behaviours** | Are they regularly absent from the placement?  Are they on the ‘high risk register’ and known to engage in high risk-taking behaviours which are likely to impact on the client? |
| **Sexual Exploitation** | Are they on the register? What Tier? If Tier 1 then an incident report is required. |
| **Disability** | Does the client have a Disability which may increase risk and compromise their safety in the community including self-protective capacity? |
| **Plans** | What do the Safety or Behaviour Support plans outline?  Has a warrant been issued? If so, then this would indicate significant concern which should inform the risk assessment. A CIMS report should be seriously considered.  As per CIMS assessment, impact should be considered. |

# 

# How should the incident report be written?

All incident reports should be completed online via the CIMS incident report, <https://cims.vic.gov.au/>

The following is a suggested example incident report including required information.

*X left the house at TIME and has been absent for # hours.*

***Communication -*** *Contact by mobile phone has/has not been possible (details – not answering, returning text messages etc.)*

***Risk assessment*** *- There are* ***significant safety concerns*** *due to the following* ***risk factors*** *(Age, sexual exploitation risks, known details about people the client is with and risks they pose, history of absences, mental health risks, drug and alcohol risks, details in safety/crisis management plan advising report must be made, medical risk due to missing essential medication.).*

***Impact*** *- The* ***impact*** *to the client is assessed as major/non-major impact due to (outline the most severe i.e. known behaviour of client to abuse drugs when absent, high risk of sexual exploitation due to age and people client is with).*

***Other key details*** *– who they were with, how they left (on foot, train etc.), was there a triggering event that is linked to the absence,* *whether the client has a history of being absent, contact with AHCPES and police.*

To receive this document in another format, phone 1300 024 863, using the National Relay Service 13 36 77 if required, or email the client incident management system team [CIMS@dhhs.vic.gov.au](mailto:CIMS@dhhs.vic.gov.au)

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Families, Fairness and Housing, September 2021.

Available at client incident management system <https://providers.dffh.vic.gov.au/cims>