Department of Communities and Justice

COVID-19 Guidelines for Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS)

Module 3: Guidelines for supporting clients

Contents

For ease of navigation this contents page has embedded hyperlinks to the relevant sections in the document

1. Purpose and context

Purpose

This set of COVID-19 Guidelines gives practical advice for Department of Communities and Justice (DCJ) funded service providers managing the impact of COVID-19. The Guidelines focus on providers supporting clients and workers in Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS).

To manage the ongoing risks of COVID-19, OOHC and SHS providers need to:

- protect clients served by OOHC and SHS providers, who are often living in vulnerable circumstances
- provide a safe environment for workers while delivering services safely to their clients
- ensure business continuity.

Context

Module 3: Guidelines for supporting clients (this document) is part of a series of modules developed by DCJ to offer specific OOHC and SHS provider advice as NSW moves into the 'living with COVID-19' phase. The other documents are:

- Module 1 Managing risks and seeking support
- Module 2: Guidelines for workers.

Note: Resdiential OOHC includes Intensive Therapeutic Care (ITC)

Note: Apart from advice on funding streams, guidance provided in this document is also relevant to DCJ funded Youth Justice Residential Rehabs.

Recognising the rapidly changing COVID-19 environment, DCJ also recommends that providers regularly review the Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services COVID-19 Response Quick Reference Guide, the latest NSW Health COVID-19 advice, and relevant changes to legislation such as Public Health Orders.

The Guidelines are to be read in conjunction with the 'Sector support for DCJ service providers preparing COVID-19 Management Plans' guidance.

The sector support guidance document provides practical advice for all DCJ service providers (including SHS and OOHC service providers) to support them to develop their COVID-19 Management Plans and manage COVID-19 risks. It has chapters on what COVID-19 Management Plans need to contain, how to conduct risk assessments, and what risk controls service providers could consider for workers, clients and the work environment. It also has information on personal protective equipment (PPE), rapid antigen testing (RAT), and vaccination.

2. Clients

2.1 Preparing for COVID-19 with clients

As part of the COVID-19 Management Plan, providers should identify and assess the COVID-19 risks facing their clients and put in place effective controls to address these risks.

Consider key COVID-19 controls for clients:

- Use the latest trusted NSW Health COVID-19 guidance to communicate effectively with clients.
- Engage with multicultural communities to understand how they would like to access and receive COVID-19 guidance.
- Provide materials that are culturally appropriate to local communities and explain information in a culturally sensitive manner.
- Ensure appropriate and accessible communications are available to clients, including sharing relevant COVID-19 information brochures and pamphlets.
- Display posters about COVID-19 within provider facilities.
- Translate COVID-19 information for people from multicultural backgrounds and provide translators to support communication.
- Provide information that is clear and easily accessible for children and young people.

Share important COVID-19 information with clients:

- The importance of following preventative measures, including physical distancing, hygiene, face masks and cough etiquette.
- How to recognise the symptoms of COVID-19.
- What to do if clients, their family or friends become unwell or are exposed to COVID-19.
- Who to contact if they need assistance self-isolating.
- Where clients can access free COVID-19 testing or assessment.

- Where clients can find food, water, hygiene facilities, healthcare, and resources if there have been local closures or changes (see section 2.5).

Testing clients

Providers can access Public health guidance for testing and management of COVID-19 cases in Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS). This document provides guidance on how providers can implement a testing regime using Rapid Antigen Tests (RATs) for early detection of COVID-19, and for managing a COVID-19 outbreak in a service.

Updating intake forms

Service providers can update their intake forms to ensure COVID-19 preventative measures are discussed with clients, so they know how to seek assistance if exposed to COVID-19.

> The Residential Out of Home Care settings and Specialist Homelessness Services COVID-19 Response Quick Reference Guide has up-to-date information and links to the latest COVID-19 related resources. This includes links to information on resources for specific vulnerable groups, communication resources for multicultural communities, and the latest NSW Health advice on testing and vaccinations.

2.2 Clients with symptoms, a high risk of exposure or a confirmed case of COVID-19

It is important for services to maintain regular contact with clients who have had a high risk of exposure to COVID-19 or are a confirmed COVID-19 case. They should encourage open communication to ensure that clients are comfortable communicating about their symptoms and any messages or results they may receive from NSW Health in response to COVID-19 tests.

What happens if someone in residential accommodation tests positive or is required to self-isolate?

If a client develops any COVID-19 symptoms, they must self-isolate immediately and follow the NSW Health advice.

Regardless of the results, the cleaning protocols from NSW Health are the same. If someone is presenting as unwell, a thorough cleaning of contact areas with a disinfecting detergent should be completed.

What happens if a pregnant client shows COVID-19 symptoms?

For more information about COVID-19 and pregnancy, visit the NSW Health page for pregnant women and new parents.

What happens if a client is exposed to someone who is a confirmed COVID-19 case?

They should follow the advice based on their level of exposure, as outlined on the NSW Health webpage people exposed to COVID-19.

The Haymarket Foundation has produced a Log Template that can be used to compile client information during COVID-19.

If a person is required to self-isolate offsite, it is likely that the service provider will be required to source emergency accommodation. SHS service providers may be eligible for funding to assist in providing Emergency Accommodation (EA) for clients impacted by COVID-19 (see section 1.6 in Module 1: Managing risks and seeking support).

What happens if children and young people test positive for COVID-19?

If a child or young person tests positive for COVID-19 in OOHC or a similar arrangement, the provider needs to notify their DCJ contract manager. This reporting is also required where clients are under the Parental Responsibility to the Minister. Where a child is under the care of the Minister, providers will also need to work with DCJ Community Services.

Please note that Temporary Accommodation (TA) is not suitable for children under 16 years of age. There may be some instances where a child or young person aged between 16 to 17 years may be placed in temporary accommodation, depending on their support needs. Contact your DCJ contract manager if additional funding is required (see section 1.6 in Module 1: Managing risks and seeking support).

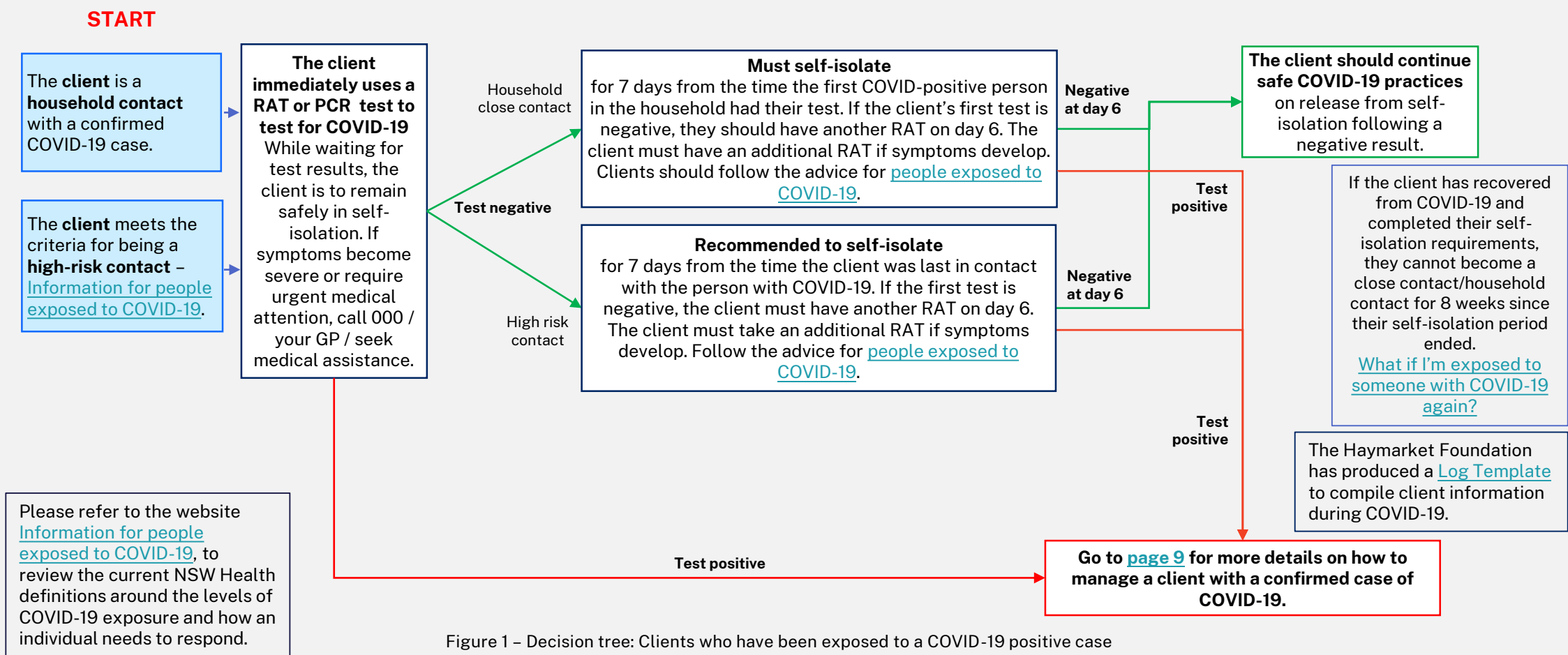# 2.3 Decision tree: Clients who have had high risk exposure to a COVID-19 positive case

START

The **client** is a **household contact** with a confirmed COVID-19 case.

The **client** meets the criteria for being a **high-risk contact** – Information for people exposed to COVID-19.

The client immediately uses a RAT or PCR test to test for COVID-19
While waiting for test results, the client is to remain safely in self-isolation. If symptoms become severe or require urgent medical attention, call 000 / your GP / seek medical assistance.

Household close contact

Test negative

High risk contact

Must self-isolate
for 7 days from the time the first COVID-positive person in the household had their test. If the client's first test is negative, they should have another RAT on day 6. The client must have an additional RAT if symptoms develop. Clients should follow the advice for people exposed to COVID-19.

Recommended to self-isolate
for 7 days from the time the client was last in contact with the person with COVID-19. If the first test is negative, the client must have another RAT on day 6. The client must take an additional RAT if symptoms develop. Follow the advice for people exposed to COVID-19.

Negative at day 6

Test positive

Negative at day 6

Test positive

The client should continue safe COVID-19 practices on release from self-isolation following a negative result.

If the client has recovered from COVID-19 and completed their self-isolation requirements, they cannot become a close contact/household contact for 8 weeks since their self-isolation period ended.
What if I'm exposed to someone with COVID-19 again?

The Haymarket Foundation has produced a Log Template to compile client information during COVID-19.

Please refer to the website Information for people exposed to COVID-19, to review the current NSW Health definitions around the levels of COVID-19 exposure and how an individual needs to respond.

Test positive

Go to page 9 for more details on how to manage a client with a confirmed case of COVID-19.

Figure 1 – Decision tree: Clients who have been exposed to a COVID-19 positive case

2.4 Decision tree: Clients who have had moderate or low risk of exposure to a COVID-19 positive case

START

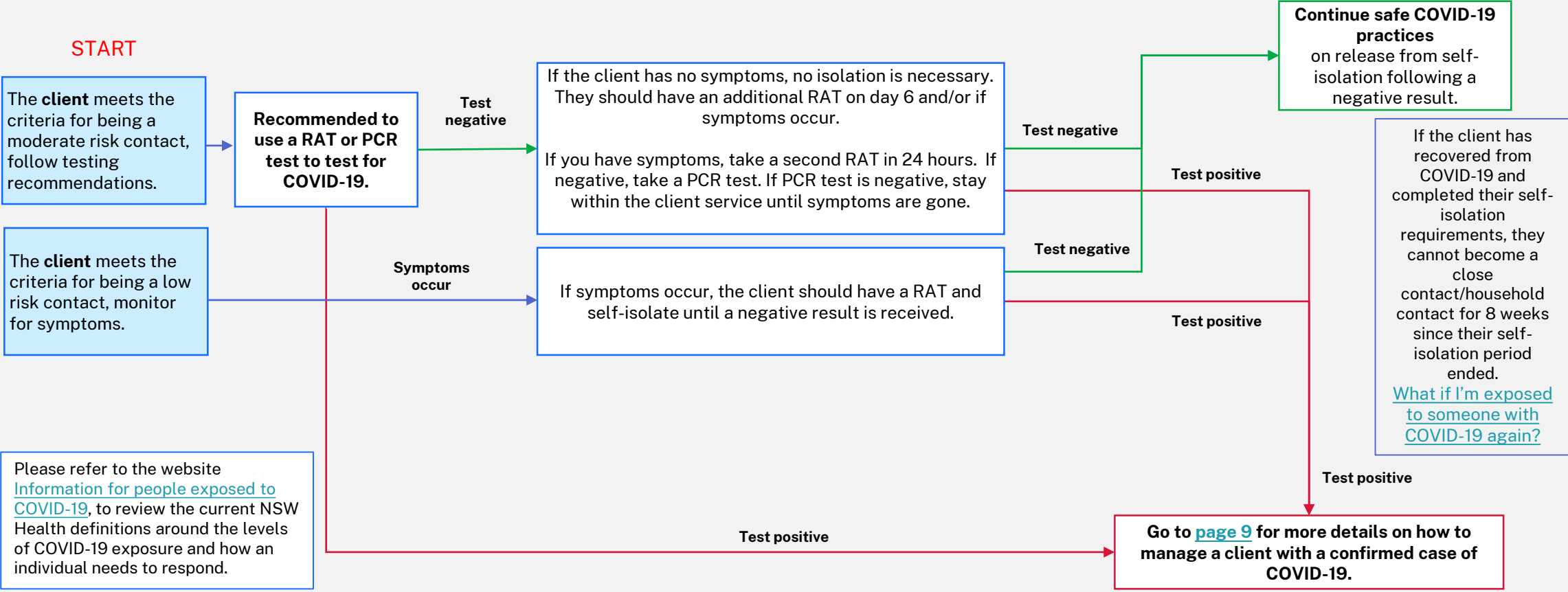The **client** meets the criteria for being a moderate risk contact, follow testing recommendations.

The **client** meets the criteria for being a low risk contact, monitor for symptoms.

Please refer to the website Information for people exposed to COVID-19, to review the current NSW Health definitions around the levels of COVID-19 exposure and how an individual needs to respond.

Recommended to use a RAT or PCR test to test for COVID-19.

Test negative

Symptoms occur

If the client has no symptoms, no isolation is necessary. They should have an additional RAT on day 6 and/or if symptoms occur.

If you have symptoms, take a second RAT in 24 hours. If negative, take a PCR test. If PCR test is negative, stay within the client service until symptoms are gone.

If symptoms occur, the client should have a RAT and self-isolate until a negative result is received.

Test negative

Test positive

Test negative

Test positive

Test positive

Test positive

Continue safe COVID-19 practices on release from self-isolation following a negative result.

If the client has recovered from COVID-19 and completed their self-isolation requirements, they cannot become a close contact/household contact for 8 weeks since their self-isolation period ended. What if I'm exposed to someone with COVID-19 again?

Go to page 9 for more details on how to manage a client with a confirmed case of COVID-19.

Figure 2 – Clients who have had moderate or low risk of exposure to a COVID-19 positive case

2.5 Decision tree: Clients with a confirmed case of COVID-19

For the provision of services in non-residential settings, see the decision trees in B.1 of the COVID-19 Sector Support Guidance Page.

If a client has health concerns, they can check symptoms online, or contact their GP, the NSW Health COVID-19 Care at Home Support Line on 1800 960 933 or the National Coronavirus Helpline on 1800 020 080.
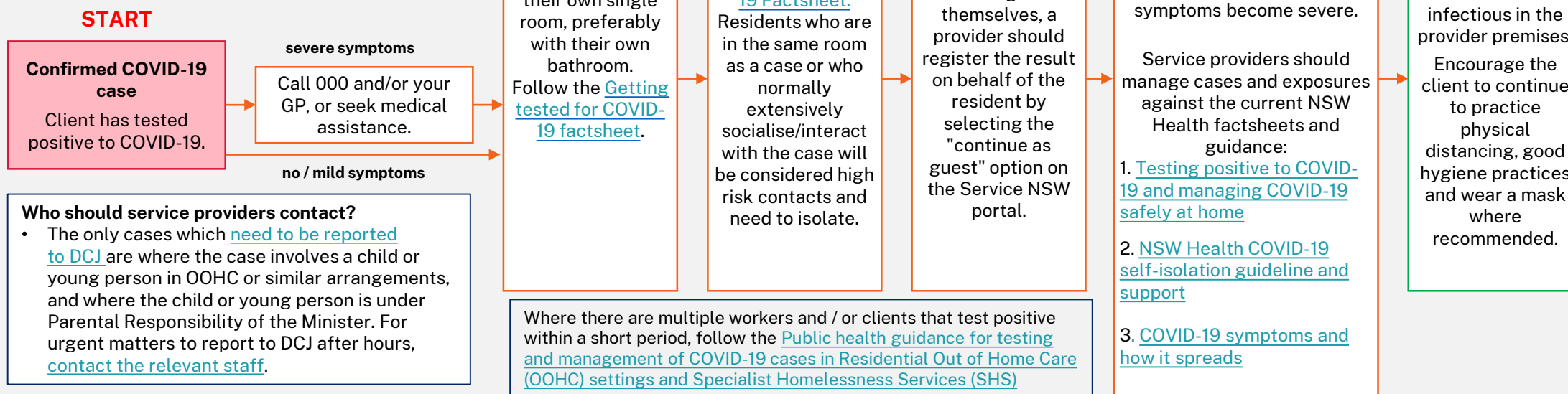
START

Confirmed COVID-19 case

Client has tested positive to COVID-19.

severe symptoms

Call 000 and/or your GP, or seek medical assistance.

no / mild symptoms

Who should service providers contact?
- The only cases which need to be reported to DCJ are where the case involves a child or young person in OOHC or similar arrangements, and where the child or young person is under Parental Responsibility of the Minister. For urgent matters to report to DCJ after hours, contact the relevant staff.

Isolate the resident

Isolate the resident immediately in their own single room, preferably with their own bathroom. Follow the Getting tested for COVID-19 factsheet.

Identify and test exposed residents and workers

Follow the People Exposed to COVID-19 Factsheet. Residents who are in the same room as a case or who normally extensively socialise/interact with the case will be considered high risk contacts and need to isolate.

Where there are multiple workers and / or clients that test positive within a short period, follow the Public health guidance for testing and management of COVID-19 cases in Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS)

Register a positive RAT through the Service NSW website.

Where a resident can't register themselves, a provider should register the result on behalf of the resident by selecting the "continue as guest" option on the Service NSW portal.

Stay in self-isolation

The client should remain in self-isolation for 7 days from the day tested positive. For guidance on when to leave isolation, follow NSW Health rules.

Seek medical attention if symptoms become severe.

Service providers should manage cases and exposures against the current NSW Health factsheets and guidance:

1. Testing positive to COVID-19 and managing COVID-19 safely at home

2. NSW Health COVID-19 self-isolation guideline and support

3. COVID-19 symptoms and how it spreads

Release from self-isolation

Conduct terminal cleaning if the client was infectious in the provider premises.

Encourage the client to continue to practice physical distancing, good hygiene practices and wear a mask where recommended.

Figure 3 – Decision tree: Clients with a confirmed case of COVID-19

Source: NSW Health and the Department of Communities and Justice

2.6 Client wellbeing (1/2)

How does COVID-19 affect client wellbeing?

COVID-19 incidents can cause significant increases in stress, fear and anxiety for people. Public health actions, such as physical distancing, are necessary to reduce the spread of COVID-19, but they can make people feel isolated and lonely. People may have difficulties with sleeping, eating and concentrating. Existing chronic health problems can also be exacerbated.

Crises, such as a pandemic, can heighten the impact of histories of trauma and can trigger high-risk coping behaviours in OOHC and SHS clients. Whilst these stressful situations can affect everyone, particular consideration should be given to the following client groups:

- Older people
- Immunocompromised people
- People with chronic medical conditions who are at higher risk of severe illness from COVID-19
- People who are helping with the COVID-19 response, for example, healthcare professionals and workers
- People with existing mental health conditions or substance abuse issues
- Children and young people – see section 4.1. for considerations relating to children and young people.

What duty of care responsibilities do providers have?

- Service providers have a duty of care to all clients and workers.
- If an individual is sleeping rough or is in shared accommodation and is found to have COVID-19, all available support should be offered to assist the client in isolating.
- If the client refuses to isolate, service providers have a duty of care to advise other services.
- If a client needs to be hospitalised due to COVID-19 illness, it is the responsibility of NSW Health, DCJ and the provider to support the client through the process, along with any accompanying children. NSW Health, DCJ and the provider are also responsible for supporting the client after they have been discharged.
- DCJ and Social Housing Management Transfer Community Housing Providers (SHMT CHPs) provide Temporary Accommodation (TA) to clients who are homeless and are not able to be accommodated by any other means, including SHS.
- Under normal TA policy settings, clients who call Link2home are generally entitled to initial assistance of two nights (plus weekends and public holidays). Clients are then required to attend their local housing office and must demonstrate they are making genuine efforts to resolve their housing need in order to have their TA extended.

2.6 Client wellbeing (2/2)

How can providers secure food relief and other services for clients?

There is a range of information available to organisations and people needing support to access food, groceries and other services. This is summarised below:

- Infoxchange Service Seeker is an extensive health, welfare and community services directory of over 390,000 service providers across Australia. This includes details of providers of food relief, legal support, housing and health services.
- If a member of the public is directed to self-isolate and they do not have the means to obtain their own groceries during the period of isolation, they can call the NSW Health Isolation Support Line on 1800 943 553 or Service NSW at 13 77 88.
- DCJ has prepared a listing of food relief services available. Further related information is also available on the DCJ website.
- Local charities and councils are working with Foodbank and OzHarvest to coordinate the distribution of food relief in their communities.
- Service providers can talk to their local networks and councils for advice on how to support clients.
- Service providers can also find local food relief on Ask Izzy.

How can providers support the mental health of clients?

There are many practical ways that providers can support the mental health of clients:

- Develop plans and protocols to manage increased severity of underlying mental health conditions and emerging trauma and stress from self-isolation
- Facilities providing mental health services should have plans in place for patients who regularly receive mental health services
- Provide additional consideration to the safety of vulnerable residents when assigning rooms and while assigning new accommodation
- Encourage clients to take breaks from watching, reading or listening to news stories, including social media
- Provide ample opportunities for clients to ask for help if they are feeling overwhelmed

2.7 Guidance on managing challenging adult behaviours and non-compliance with the Public Health Orders

How can providers manage challenging behaviours including non-compliance with Public Health Orders (PHOs)?

Preventing and preparing to manage challenging behaviours

Clients of SHS services have often experienced trauma in their lives. Trauma responses, including challenging behaviours, are often triggered by feelings of anxiety, stress and a loss of control. Likewise, general health concerns are more common for people who have experienced homelessness.

To help support clients, workers should:

- model calm behaviour
- frequently check in with clients to discuss their mental health
- explain why services are implementing COVID-19 policies that may impact clients – if clients understand the reasons for the changes, it can give them a greater sense of control and clarify that what they are feeling is normal in the current environment
- give clients clear, accurate and age-appropriate information, referring to advice from NSW Health.

Responding to challenging behaviours

Providers should review and adapt their existing risk assessment and management procedures to consider the increased COVID-19 risks that will arise when clients exhibit challenging behaviours. Providers should consider the risk that clients from shared residential facilities pose to workers and others and place the client in alternative accommodation if necessary.

If a client refuses to self-isolate after testing positive for COVID-19, refer to NSW Health guidance.

Providers can contact their DCJ contract managers to discuss **emergency accommodation** arrangements and options for clients.
See section 1.6 in Module 1: Managing risks and seeking support

Note: Additional funding streams described above do not apply to Youth Justice Residential Rehabs

2.8 Case study: Involving clients in developing their COVID-19 Plan

Situation: A provider who supports women and families in crisis wanted to take a strengths-based approach to create a COVID-19 management plan that involved clients in their preemptive planning.

Issue: Many of the provider's clients had dealt with significant trauma, so managing COVID-19 was only one aspect of the many challenges they had faced. The provider wanted to involve clients in developing their individual plans. This approach helped clients to be actively involved in decision-making and care planning if they tested positive to COVID-19, or if a family member tested positive to COVID-19.

Response: The provider undertook an initial intake assessment for all new clients when they entered shared residential accommodation. This included an initial COVID-19 assessment and COVID-19 testing. The provider also created individual client COVID-19 management plans. Each plan recorded the extra support clients needed in relation to COVID-19. For example, plans could include COVID-19 information in the client's language or information about how to self-test. The plans also explained how the provider could best support clients testing positive for COVID-19 or needing to isolate.

The COVID-19 management plan documented:
- client preferences for over-the-counter medicine (e.g., whether the client preferred paracetamol or ibuprofen)
- regular medication required by clients and a plan to access medication if clients needed to self-isolate
- next of kin information
- whether the client had a Medicare number
- any relevant safety or risk factors
- whether the client had children.

The plan described how clients with children would like their children to be looked after if the client needed to go to a hospital. Plans varied depending on which family members were COVID-19 positive, whether the extended family could provide support for children, and what external support was available from DCJ and healthcare organisations.

This COVID-19 management plan was attached to the Client Information Management System (CIMS) record*, and the provider asked the client for informed consent to share information with health authorities in case of an emergency. The client was also given a copy of the plan and the plans were revisited regularly in case their circumstances changed.

Outcome: Clients were actively engaged in proactive planning to manage COVID-19. The provider and their clients understood and agreed on the steps that were taken if they tested positive for COVID-19.

The plan enabled organisations to share information that improved clients' treatment and support them if they tested positive for COVID-19.

 * Note - DCJ understands that not all SHS providers use CIMS and may use equivalent systems. If client information is to be shared with organisations (such as health authorities) using systems other than CIMS, providers need to ensure the systems are secure. This includes using a secure email process.

3. Clients experiencing domestic and family violence

3.1 Support for clients experiencing domestic and family violence (1/2)

All women and children experiencing domestic and family violence (DFV) have the right to feel safe. Unfortunately, public health advice to manage COVID-19 transmission through physical distancing and self-isolation places many women and children at greater risk of experiencing DFV in their homes. All DFV services and refuges are essential services and will continue to operate during the COVID-19 pandemic, even when stay at home orders are in place.

DCJ is monitoring calls to the DVLine (1800 65 64 63) and Link2home. DCJ undertakes a 'service health check' of DFV services to understand the change in demand and make changes, including providing required resources to ensure the continued safety and wellbeing of clients and workers.

How do providers support clients in a domestic violence shelter?

How can DFV service providers continue to operate?

Encourage physical distancing

Minimise group gatherings where possible and ensure that any density limits and physical distancing requirements required by PHOs are observed.

Support women to safely sign-in

Encourage clients residing in DFV shelters who have concerns about providing their details for QR codes to use the contact number for the refuge, or to sign in manually. Alternatively, clients may apply for and use a COVID-19 check-in card if they attend places where they need to check in with a QR code. A person can apply for the COVID-19 check-in card by calling Service NSW on 13 77 88 or by registering online at the 'Create a COVID-19 check-in card' page of the Service NSW website.

Provide alternative ways of providing secondary services

Should providers need to scale back service delivery or close due to COVID-19 impacts, please notify your DCJ contract manager as soon as possible to ensure arrangements are put in place for clients to continue receiving support. DFV providers should deliver services remotely by alternative means if possible. While delivering services remotely, providers must continue assessing risks to vulnerable children in DFV situations.

How can service providers support women experiencing DFV during COVID-19?

Providers can support women experiencing DFV by explaining the following:

- DFV is unacceptable under any circumstances and that women have the right to live free from violence.
- DFV is not just physical. Many types of abuse can take place. Some abusive behaviours may be unique to the pandemic.
- Children have the right to live safely with their families - abuse or neglect can have lasting damaging effects.
- Women do not have to stay or self-isolate in an unsafe home, even when stay at home orders are in place.
- Women are allowed to leave their homes if they feel unsafe or in an emergency. Alternative accommodation is available for women and their children.
- If someone living with a woman has committed a crime against them, the Police can exclude that person from their home.

Providers can also pass key messages to DFV clients from trusted sources.

How can service providers protect women online?

The eSafety Commissioner's online safety plan helps women stay safely connected online by preventing abusers from finding their location through social media and accessing their online accounts and devices.

The Women's Technology Safety & Privacy Toolkit helps women experiencing technology abuse to increase their technology safety and privacy.

3.1 Support for clients experiencing domestic and family violence (2/2)

Workforce contingency planning to assist DFV services

During the pandemic, services may use more casual and/or redeployed workers. These workers should have relevant training and expertise, particularly on working in a trauma-informed way. Refer to the Office of the Children's Guardian website for information on the checks for working with children.

Provide additional options for women and children experiencing DFV

Beyond additional accommodation, women and children experiencing DFV are also eligible for cooked meals (see section 2.6). Contact your DCJ contract manager for more information.

Support clients self-isolating at home and who may be exposed to harm

Develop an individualised safety plan for clients who are not in immediate danger and choose to remain in their home. Consider alternative arrangements for regular services they attend.

Prior to contacting a client who may be isolating with a perpetrator in the house, undertake a risk assessment to determine the best communication method to ensure client privacy and safety.

Support situations where Police may be involved

Police may be required to remove a DFV offender with a known COVID-19 status from their residence to protect the safety of the people in that home. In this situation, Police will assist the offender to contact Link2home to arrange alternative accommodation if they have no other accommodation options.

Support clients who have to attend to legal matters during COVID-19

For clients who have a matter in court and are not sure how to proceed, they can call the Legal Aid NSW Domestic Violence Unit on (02) 9219 6300 for advice.

For further information, please view:
DCJ's Frequently Asked Questions for DFV Services
NSW Health's webpage on violence, abuse and neglect and telehealth

4. Children and young people

4.1 Support for children and young people (1/3)

There are additional considerations for providers who support children and young people when assisting them to navigate a COVID-19 case or high-risk exposure.

How do providers support children and young people?

Explain COVID-19 and government advice

- Explain the purpose of Public Health Orders and the guidance for exposure and the risks of COVID-19. Let children and young people know what to do if they have symptoms, when not to present to the service and how to access testing. NSW Health has COVID-19 resources for young people and children.

Develop a list of community resources

- This will be helpful during an outbreak (including emergency telephone numbers of the client's school, doctor and community mental health centre).

Vaccination and booster vaccination

- Give advice for children and young people for vaccination and booster vaccination.

Managing self-isolation

- Children and young people who have COVID-19 or high risk of exposure will need to isolate. NSW Health has advice for children and young people who are self-isolating.

Carer requirements

- If children and young people are required to self-isolate in emergency accommodation, providers should arrange the necessary support workers and PPE supplies to make this possible. For further information, contact your DCJ contract manager.

Managing unsafe behaviours

- If a client with COVID-19 refuses to self-isolate, NSW Health and Police will consider their response on a case-by-case basis. See section 4.2.

Reporting positive cases

- In the event that the client is under parental responsibility to the Minister (PRM) and tests positive to COVID-19, please report this to your DCJ contract manager. Please access the DCJ website for Reporting COVID-19 positive incidents to DCJ to keep up-to-date.

Maintain COVID-19 prevention practices

- Remind children and young people to continue following basic hygiene and COVID-19 prevention practices after they return from isolation. While recovered clients may have a level of natural immunity, this protection declines over time, and it is possible to be infected with COVID-19 more than once.

Learning needs during the COVID-19 pandemic

- To ensure learning needs continue to be met, services should maintain and follow recommendations of NSW Health and Education around school attendance and distance learning.

The SHS Program Specifications state that SHS services are required to provide post-crisis support and follow-up as one of three service responses to their clients. This is further embedded in the Homeless Youth Assistance Program (HYAP) Service Delivery Framework which describes continuity of care beyond any formal exit or transition from the service.

4.1 Support for children and young people (2/3)

Children and young people's responses to stressful events are unique and varied. Below is guidance on how providers can support and protect children and young people's wellbeing during the pandemic

Discuss anxiety about COVID-19

- Help children and young people appreciate that healthy anxiety is a natural response and empower them to adopt safe preventative practices such as handwashing.

Amplify positive messages

- Share stories of people who have recovered from COVID-19 and honour care givers and healthcare workers.

Encourage safe activities

- Develop a plan for contacting friends and family online and encourage children and young people to find distractions such as books, TV, and exercise.

Maintain routine

- Having stability and maintaining routine are key tools for leading a healthy lifestyle, especially if the child or young person is isolating.

Support continuing education

- Children and young people may need to learn remotely. Services should support them to do so (as much as possible within their capacity).

Provide regular support

- Isolation can be a difficult period for many, particularly children and young people. Therefore, service providers should ensure they are receiving safe support throughout their isolation. Support clients return from isolation, particularly if they are embarrassed, by explaining how their COVID-19 safe actions have protected their community.

- Create a welcoming community. Providers should remind the recovered child or young person that they are no longer infectious after the isolation period to reduce anxiety about spreading or catching COVID-19.

4.1 Support for children and young people (3/3)

Therapeutic supported independent living (TSIL) and supported independent living (SIL)

All children and young people must be supported and have a safe place to live. Supporting young people with Leaving Care planning and transition remains an essential service during COVID-19. OOHC providers must develop a comprehensive Leaving Care Plan in consultation with each child/young person. The plan is to be developed before a child turns 15 and should be reviewed regularly.

Leaving Care Plans should be updated in response to changing circumstances. This includes changes to the support the young person requires and timeframes to achieve Leaving Care goals.

DCJ has established the following placement priorities during COVID-19:

- Where appropriate, young people should be supported to transition from Intensive Therapeutic Care (ITC) homes to TSIL or SIL placements.

- For young people and adults in TSIL and SIL placements, the current Permanency Support program level agreement (PLA) can provide support for up to 24 months from the time of entry. This can extend to after the young person turns 18 on a case-by-case basis.

- DCJ contract managers will be flexible with placement monitoring during COVID-19.

- It is vital that new children and young people can continue to be placed into ITC homes as needed.

- Young adults aged 18 years and over should be supported to transition to independence or, on a case-by-case basis, SIL and TSIL placements.

For further information, ACWA has developed a fact sheet on additional considerations for young people in therapeutic supported independent living.

4.2 Guidance on managing children and young people who do not comply with Public Health Orders

Whilst it is highly preferable to keep young people in a stable accommodation setting, there may be some instances during COVID-19 where this is not appropriate or possible. This includes non-compliance with Public Health Orders and when distressed behaviour results in risk to others. For further information, ACWA has developed a fact sheet on additional considerations for children and young people with high behavioural needs.

The DCJ website advises service providers on what to do if a young person in ITC or residential care does not follow a Public Health Order (PHO). If a young person tests positive for COVID-19 or has a high risk of exposure, and is unable to cooperate with self-isolation rules, there are several strategies workers can adopt:

- Rely on existing relationships between the worker and the child or young person (encourage self-isolation by explaining the purpose of the PHO).
- Implement infection control practices in group home settings in line with NSW Health advice.
- For children and young people with a Behaviour Support Plan (BSP) or other individualised plan, utilise strategies outlined in the BSP where relevant. Plans contain actions to strengthen positive behaviours and reduce behaviours of concern.
- Contact the National Coronavirus Health Information Line on 1800 020 080 which is a 24-hour service providing advice on how to seek medical help or get tested for COVID-19.
- Inform your DCJ contract manager and Central Access Unit (CAU) if a client in your care is a household contact or a confirmed case for COVID-19 and refuses to self-isolate. If non-compliance with isolation measures is posing a risk to other young people or workers, the decision may be made to move the young person.
- Enquire with Youth Command, NSW Police Force. They are available to arrange for NSW Police to discuss with providers concerns they may have around young people who are not following PHOs, or have an increased COVID-19 risk. Providers must email DCJ at jointprotocol@dcj.nsw.gov.au to be referred to the Youth Command.

- Only apply the principles and procedures outlined in the NSW State-wide Joint Protocol where higher-order strategies have not supported the child or young person to comply with PHOs. The Joint Protocol ensures that Police are not used for discipline or behavioural management of young people living in OOHC and aims to reduce contact and use early intervention strategies to positively influence behaviour.
- Move the young person from the placement. This is the least preferred option and should be considered on a detailed case-by-case basis in line with NSW Health advice when a child or young person is COVID-19 positive. Ensure that it is in the interests of the child or young person's safety and specific needs. If residential OOHC providers are required to or decide to relocate children or young people, they must inform their DCJ contract manager as soon as possible. Residential home options include:
  - Utilising residential care homes that have been left unoccupied.
  - Partnering with other residential OOHC providers to share unoccupied residential care homes.
  - Accessing non-OOHC provider accommodation.

NSW Police have advised DCJ that reasonable attempts should be made to educate the child or young person in care on the importance of isolating, and to get them to return home, before law enforcement action is considered. If Police support is required, Police can be contacted through Crime Stoppers on 1800 333 000, an appropriate police officer, or a police liaison officer.

5. Other vulnerable client cohorts

5.1 Support for other vulnerable client cohorts (1/2)

Regional and remote people

Regional and remote communities are particularly vulnerable to COVID-19. These communities often have reduced access to healthcare and prevention resources (such as vaccinations). Furthermore, Public Health Orders are harder to enforce, and positive cases are harder to track. This may result in COVID-19 outbreaks escalating quickly if they enter regional and remote communities. Infection control measures, such as the correct use of PPE and regular hand hygiene, must be enforced to help prevent the spread of COVID-19.

For regional and remote providers who have a confirmed COVID-19 case within their facility, providers should work in collaboration with the DCJ Districts to determine appropriate accommodation.

DCJ also understands that the use of telehealth and virtual care may be challenging in rural communities that have limited access to technology (including limited access to an internet connection), which can impact how services can be provided during a COVID-19 incident or outbreak.

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander peoples have been identified as a vulnerable cohort group for COVID-19. For some, access to culturally appropriate care has become more difficult during COVID-19 with reduced availability of services.

DCJ also understands that the use of telehealth and virtual care may be challenging in Aboriginal and Torres Strait Islander communities that have limited access to technology (including limited access to an internet connection), which can impact how services can be provided during a COVID-19 incident or outbreak.

Providers should contact their local Aboriginal Medical Service to discuss how they can support their clients to be vaccinated, and if they need additional COVID-19 information.

Aboriginal and Torres Strait Islander peoples frequently face overcrowded living conditions, which increases the risk of COVID-19. Infection control measures must be closely adhered to. Providers should reach out to their DCJ contract manager if deconcentrating is needed. In the event of a COVID-19 incident, accommodation options can be discussed with the DCJ Districts.

NSW Health have developed COVID-19 Aboriginal health resources

The National Aboriginal Community Controlled Health Organisation (NACCHO) provide regular COVID-19 vaccine updates and information.

5.1 Support for other vulnerable client cohorts (2/2)

People with disability and immunocompromised people

Some people with disability and those who are immunocompromised may be more vulnerable to serious complications if they become ill with COVID-19. This is dependent on the nature of their disability and other medical history.

NSW Health has developed resources for disability service providers, including resources suitable for people with disabilities, and information for providers who provide disability services.

The Council for Intellectual Disability has developed Easy Read Information on COVID-19 to help people with an intellectual disability understand COVID-19 and how to stay safe and healthy.

DSC has developed a training resource that provides an overview of the broader approaches to infection prevention and control in the disability sector.

Vaccines are strongly recommended for both immunocompromised people and for people with disability.

For further information, ACWA has developed a fact sheet on additional considerations for children and young people with disability.

People from multicultural backgrounds

Dealing with COVID-19 is particularly challenging to navigate for people from multicultural backgrounds. Many people from multicultural backgrounds rely on their communities for support and information. The pandemic has physically separated many people from multicultural communities and cultures, intensifying feelings of loneliness and isolation.

COVID-19 information should be translated for multicultural people and interpreters should be used to aid communication where necessary.

NSW Health has several translated COVID-19 resources.

SBS Australia provides COVID-19 news & information in different languages.

Head to Health describes the COVID-19 supports available for people from culturally and linguistically diverse backgrounds.

The Public health guidance for testing and management of COVID-19 cases in Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS) guidance has advice and links on supporting clients who are vulnerable to severe illness due to COVID-19.

5.2 Support for people withdrawing from alcohol and other drugs (1/2)

People who use alcohol and other drugs (AOD) are vulnerable to severe disease if infected with COVID-19 due to weaker immune systems, respiratory problems, and other conditions. Therefore, providers should make specific contingency plans for AOD users, including both preventative and care plans. Providers may consider the following contingency plans to support clients withdrawing from alcohol and other drugs during COVID-19. The Public health guidance for testing and management of COVID-19 cases in Residential Out of Home Care (OOHC) settings and Specialist Homelessness Services (SHS) guidance has advice and links on supporting clients who are vulnerable to severe illness due to COVID-19.

How do providers support people withdrawing from alcohol and other drugs?

Counselling and support groups

- Counselling and support groups support clients during stressful times and provide opportunities for clients to practice self-care. Online groups are available including Smart Recovery and AA Intergroup.

Nicotine treatments for smokers

- Providers can support clients with access to nicotine treatments (e.g., nicotine patch) or other treatments (e.g., varenicline) to help minimise smoking and vaping.

Support for AOD withdrawal

- AOD withdrawal can be a serious situation for clients, that can result in a medical emergency. Workers should understand the signs of withdrawal to know when to seek medical attention. In consultation with local health networks / methadone clinics, consider access to 'takeaway' supplies for replacement drug therapies (e.g., methadone). This includes take-home naloxone. Chemists now provide naloxone for free, and it can be administered by workers who have been trained (many drug and alcohol services run this training). Clients may also need support to leave and return to premises safely to manage their addictions. It is essential during this process that the client manages their hygiene in line with COVID-19 health advice.

Prepare for programs closing

- Prepare clients for the possibility of syringe exchanges and drug treatment programs closing. Services may be required to stockpile harm reduction supplies (if it is in line with organisational protocols).

Communicate increased hygiene guidelines

- Communicate hygiene practices to substance-dependent clients to help them avoid contracting COVID-19.

Vaccinations

- Providers should read the vaccination and boosters guidance for clients experiencing AOD withdrawal.

Closely monitor clients

- While screening for COVID-19 should be universal and not targeted to those with addiction, careful attention should be paid to this high-risk group. Some early symptoms of withdrawal and COVID-19 are similar. Providers should set up procedures to alert workers if they are experiencing symptoms.

Medication supply delivery

Individuals in isolation may need refill prescriptions or access to daily medications. Providers should:

- get harm reduction and addiction programs to deliver supplies directly
- approach NSW Health Alcohol and Other Drug Treatment Centres for guidance.

5.2 Support for people withdrawing from alcohol and other drugs (2/2)

Withdrawal

Due to the likelihood of interrupted supply or reduced access to AOD, Providers should be prepared if clients go through involuntary withdrawal. Providers should:

- ensure necessary medications, food and drinks that help detox are on hand. Protein-based and electrolyte drinks are particularly effective

- speak with a medical provider on the client's behalf about starting methadone or buprenorphine, where necessary

- ensure that sufficient treatment capacity is available if people look for withdrawal support or substitute with prescribed medications as an alternative to using illicit drugs.

Counselling

- Counselling supports positive behavioural change and focuses on recovery-oriented care.

Support networks

- A strong support network, whether through a provider or an informal network, will help avoid negative behaviour.

Encourage changing lifestyle habits

Long-term maintenance of change requires significant lifestyle changes, for example:

- establishing social contacts that are not centred around alcohol and other drugs

- establishing new leisure activities and hobbies that are not centred around alcohol and other drugs.

N.B. Providers are not always equipped and are also not responsible for providing health treatment. Please follow appropriate advice, particularly in the preventative space, and collaborate with AOD treatment services. NSW Health has prepared guidance for accessing and delivering AOD services during COVID-19.

5.3 Case study: Maintaining a client log to help track and monitor clients

Situation: A local charitable organisation focused on ways to help people experiencing homelessness and other disadvantage during the COVID-19 pandemic. The organisation used a client log to help track and monitor clients. The log included the list of client names, date of birth, COVID-19 vaccination status and the last tested date, along with other needs or concerns (including drug and alcohol dependencies or issues). The log recorded dates of all actions taken so workers could quickly look at the log. and understand the immediate status of a client.

Issue: Before the client log was used, it was challenging when one of the organisation's clients who had interacted with other clients returned a positive COVID-19 RAT. The provider found it hard to track down who was in contact with the infectious client. Clients were often difficult to contact, and those who tested positive did not always adhere to isolation orders. It could also be hard for the team to support the client's self-isolation, with some clients experiencing a decline in mental health, and others requiring top-ups of medication.

Response: The client log included entries of everyone who entered and left the premises. Every time a client tested positive, a list was made of potential contacts and the provider contacted the individuals and recommended that they self-isolate.

To support COVID-19 positive cases and people exposed to COVID-19, the organisation:

- made contactless deliveries of self-isolation packages that included RATs, PPE, food and medication to last the whole isolation period (7 days)

- ensured clients sent back photos of their RAT results during self-isolation. Where a client tested positive, they reported the result to Service NSW

- undertook regular welfare checks over the phone to monitor the client's recovery until the client received a negative RAT test.

Outcome: This type of provider contact tracing allowed the organisation to reduce the potential transmission of COVID-19 in the community and on the premises and provided appropriate support to their clients.