Department of Families, Seniors, Disability Services and Child Safety

Practice Guidelines for staff working in Diversion Services

October 2026

These guidelines complement the standard requirements for organisations funded by the Department of Families, Seniors, Disability Services and Child Safety (the department) as detailed in the service agreements and Human Services Quality Framework and should be read in conjunction with individual agency policy and procedures.

The content reflects contemporary service delivery and is based on the available evidence regarding good practice delivered by all diversion services.

We recognise and acknowledge Aboriginal and Torres Strait Islander peoples as the First Peoples of Queensland and as the Traditional Custodians of our precious land and waters. We pay our respects to their Elders past and present. We recognise and celebrate the unique and continuing position of Aboriginal and Torres Strait Islander peoples in our history, culture and future, and acknowledge their ongoing strength, resilience and wisdom.

1. Acknowledgements 4
2. Purpose 5
3. Overview of diversion services and legislative context 5
3.1 Diversionary Centres 7
3.2 Community Patrol 8
3.3 Cell Visitor 8
3.4 Reducing Demand 8
3.5 Managing Public Intoxication Program (MPIP) 8
4. Quality Services 8
4.1 Human Services Quality Framework 8
4.1.1 Audit of diversion services 9
5. Staff skills and knowledge 9
5.1 Cultural respect 9
5.1.1 Cultural awareness 10
5.1.2 Cultural competence 10
5.1.3 Cultural safety 10
5.2 Safety 10
5.3 Confidentiality 10
5.4 Communication 11
5.4.1 Calming aggressive Service Users 11
5.5 Alcohol and other drugs knowledge 11
5.6 Emergencies 12
5.6.1 Medical emergencies 12
5.6.2 Responding to a medical emergency 12
5.6.3 Prevention of suicide and self-harm 12
5.6.4 Critical incidents 13
5.7 Professional development 13
5.8 Engagement 13
5.8.1 Challenges to engagement 14
5.9 Identification of needs and risk 14
5.10 Observation 14
5.10.1 Observation timeframes 15
5.11 Support planning 16
6. Consent 16
7. Referral 16
7.1.1 Receiving referrals 16
7.1.2 Providing referrals 17
7.1.3 Support Services 17
8. Supporting family members 18
9. Transportation of Service Users 18

10. End of Service User support 19
11. Feedback and complaints 20
12. Further reading 20

1. Acknowledgements

These Practice Guidelines are the result of contributions from a range of key non-government organisations and government agencies that provide assistance to Aboriginal and Torres Strait Islander peoples. The original guidelines were published in

2014, this revision holds to the original intent and content, while providing relevant updates. We gratefully acknowledge the contributions of our partners who have provided valuable practice knowledge and expert advice.

2. Purpose

These Practice Guidelines (guidelines) outline the required, shared practices of diversion services funded by the Department of Families, Seniors, Disability Services and Child Safety ('the department' or DFSDSCS), and replaces the *Guidelines for Diversion Services - For staff working across Cell Visitor, Community Patrol and Diversionary centres, August 2014.*

There are five services delivered under the diversion services initiative. For the purposes of the guidelines the Cell Visitor, Managing Public Intoxication Program (MPIP), Diversionary Centres, Community Patrol and Reducing Demand services will be called "diversion services".

The guidelines define the agreed elements that constitute a good practice approach to ensuring Service User safety and that immediate support needs are identified and responded to in an efficient and consistent manner. By providing a standardised approach, the guidelines will consolidate the good work already being delivered by the network of community-based agencies.

These guidelines are designed to help Diversion Service staff to understand the roles and responsibilities of each of the services and to ultimately work together in the best interests of the people requiring support.

3. Overview of diversion services and legislative context

The department launched a program of diversion services across Queensland in 1995 in response to recommendations of the *Royal Commission into Aboriginal Deaths in Custody (1991).*

The suite of diversion services was developed to provide assistance to Aboriginal and Torres Strait Islander peoples who are at risk of harm or of being taken into police custody as a result of intoxication in public spaces, or who are already in custody for intoxication related offences.

In October 2022, the Parliamentary Community Support and Services Committee tabled Report 23 in the 57th Parliament, titled '*Towards a healthier, safer, more just and compassionate Queensland: decriminalising the offences affecting those most vulnerable*' (CSSC Report).

The CSSC Report considered offences under the *Summary Offences Act 2005* and recommended the decriminalisation of the offences of public intoxication, begging, and public urination. In response, the *Child Protection (Offender Reporting and Offender Prohibition Order) and Other Legislation Amendment Act 2023*) was passed in August 2023, which decriminalised the offence public intoxication. This amendment commenced 2 September 2024. The offence of Public Nuisance remains an offence in the *Summary Offences Act 2005.*

Whilst legislation into the offence of Public Intoxication has been repealed, there is a continuing need to provide support to people in public spaces who are at risk of harm or of being taken into police custody due to their behaviour in relation to the consumption of harmful levels of alcohol in public spaces in relation to Public Nuisance offences.

There is a continued and critical need to provide support to Aboriginal and Torres Strait Islander peoples who are already in custody in watchhouses as part of the Queensland Government's ongoing commitment to responding to the recommendations of the *Royal Commission into Aboriginal Deaths in Custody (1991).* The support provided to Service Users must be shaped by an understanding of complex needs acknowledging that Service Users who are impacted by the use of alcohol and/or drugs often present with significantly high health risks which can lead to severe injury or death. In addition to acute health and support needs, Service Users are often dealing with multiple and complex social issues such as:

- chronic and complex health and mental health concerns
- chronic homelessness
- entrenched unemployment
- family and relationship dysfunction
- disability
- poverty
- disproportionate rates of incarceration
- underrepresentation in accessing mainstream services.
- intergenerational trauma.

Diversion services are not withdrawal management services, and staff are not expected to undertake the duties of doctors, nurses or paramedics. However, there is an onus on funded diversion services to take appropriate care with Service Users and work in an inclusive way to engage and provide supports aimed at minimising and reducing harm and making referrals as required. Organisations should have clear framework and clear risk assessment procedures in place in place to assess risk to a Service Users' safety and wellbeing upon entry, duration and exit of service.

Diversion services (except for Cell Visitor services) should contact Queensland Ambulance Services (QAS) should a Service Users' health needs be assessed as requiring a response greater than a First Aid response. Queensland Police Services (QPS) have responsibility for people whilst in Watch houses, Cell Visitors should alert QPS should a Service User require medical or psychological support whilst in custody.

Staff providing services should be guided in their work by a clear set of organisational evidence-based policies and procedures that not only ensure the safety of Service Users in receipt of services, but also equally prioritise staff safety in situations that often involve challenging behaviours. The five services comprising Diversion services are:

- Cell Visitor
- Community Patrols
- Diversionary centres
- Reducing Demand

- Managing Public Intoxication Program

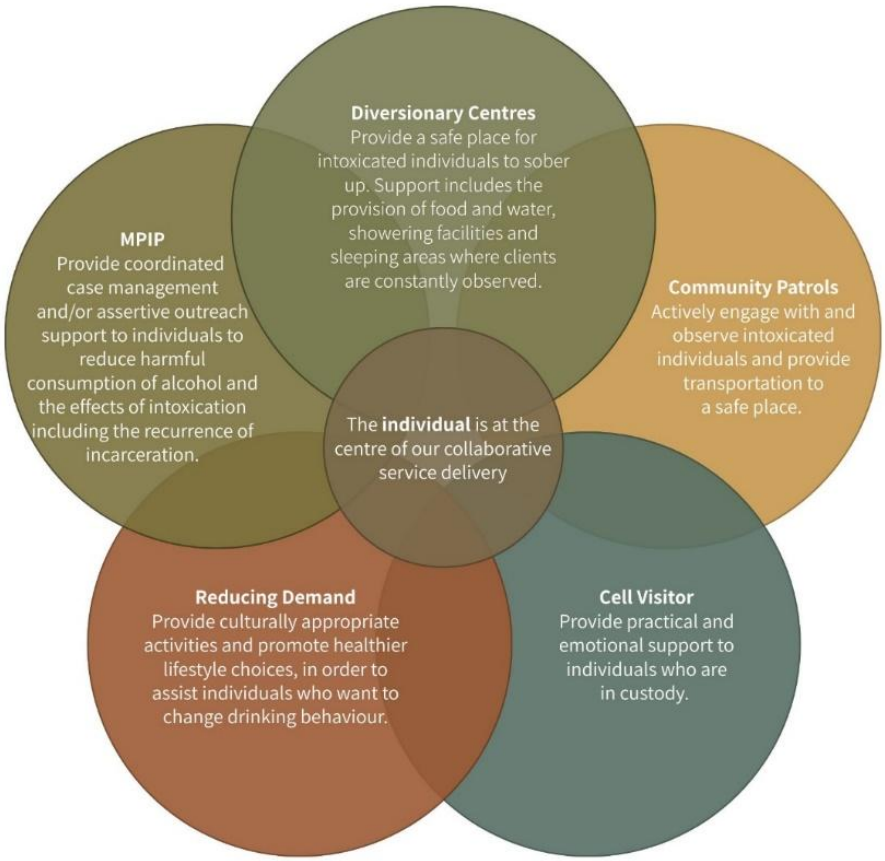
Each diversion service has a distinct yet intersecting role in ensuring that Aboriginal and Torres Strait Islander peoples have access to effective and appropriate information, care and treatment if they are intoxicated in public spaces.

Diversion services staff should understand referral pathways to enable the Service User to access relevant supports as required. Diversion services should actively build working relationships with other diversion services and service providers in the sector.

The core work of all Diversion Services should demonstrate a cooperative and a shared responsibility approach to working with individuals.

All Diversion services should work cooperatively to support individuals in their care and in receipt of supports. Figure 1 demonstrates whilst each diversion services delivers different components of support; they should work together to achieve positive outcomes for the service user at the centre of all their work.

Figure 1 – Diversion Services



3.1 Diversionary Centres

Provide a safe place for Service Users experiencing intoxication to rest and recover by addressing their immediate health and support needs.

Support may include the provision of food, water, showering and sleeping facilities where Service User's health and wellbeing are observed and appropriate responses to immediate health concerns are addressed including contacting Queensland Ambulance Service as required.

3.2 Community Patrol

Actively engage with and observe the health and wellbeing of individuals experiencing the effects of intoxication, by providing information and referral to other support services, and transportation to a safe place, which may be a diversionary centre, person's home or to a friend or family member's home.

3.3 Cell Visitor

Provide practical and emotional support to individuals who are in custody for a range of offences. Cell Visitors may facilitate communication between Service User's, their families, watchhouse staff and other support services.

3.4 Reducing Demand

Reducing Demand provides activities and groups for Aboriginal and Torres Strait Islander peoples to support connection or reconnection to community and culture and supports the building of skills and capacity to change harmful behaviours such as alcohol misuse.

3.5 Managing Public Intoxication Program (MPIP)

MPIP provide personal support to Aboriginal and Torres Strait Islander peoples to improve their wellbeing and to achieve personal goals through support and connection to appropriate services.

MPIP deliver either a Case Management or Assertive Outreach service type depending on the funded location and Service Agreement arrangements.

4. Quality Services

Service Users must be confident that the support they receive from Diversion services will be of a consistently high quality.

To achieve this, Diversion services should demonstrate their commitment to ensuring the safety of Service Users and the quality-of-service provision by establishing clear, documented policy and practice standards and supporting these with processes to ensure continuous improvement.

4.1 Human Services Quality Framework

The *Human Services Quality Framework* (HSQF) is the department's quality assurance framework for assessing and promoting improvement in the quality of human services.

All Diversion Services are in scope for HSQF.

For further information on the HSQF please visit the department's website at Human Services Quality Framework | Department of Families, Seniors, Disability Services and Child Safety

4.1.1 Audit of diversion services

Under the HSQF, service providers are externally audited for compliance against the Human Service Quality Standards. Audits of diversion services will be conducted every three years by independent assessors.

5. Staff skills and knowledge

Staff of Diversion services need to possess specific professional capabilities.

These include the ability to:

- engage with Aboriginal and Torres Strait Islander peoples
- provide support to people who are experiencing the effects of intoxication and have multiple, complex support needs
- identify signs of complications from alcohol withdrawal
- administer first aid
- prevent and manage aggression
- assess risk to Service Users using the organisation's risk assessment process and respond accordingly to reduce risk to an individual's declining health and wellbeing
- work collaboratively with other diversion service staff and/or other stakeholders.

Diversion services staff should also have:

- strong community links and local knowledge
- social, cultural and geographical understandings
- knowledge of the risks faced by Service Users
- compassion and empathy for Service Users
- productive working relationships with other diversion services and other service providers to support Service User referral
- knowledge of the broader service sector and referral pathways.

As such, Diversion service staff should be appropriately trained and possess suitable skills to meet the complex needs of Service Users, particularly in regards to safety, cultural capability, working with people under the influence of alcohol, administering first aid, knowledge of de-escalation techniques and skills, supporting people that may be at risk of self-harm and where appropriate supporting people with physical assistance if an individual's mobility is compromised due to the effects of intoxication or disability.

5.1 Cultural respect

To be effective, Diversion services must provide culturally respectful support to Aboriginal and Torres Strait Islander peoples affected by alcohol-related problems, as well as their families. Cultural awareness, cultural competence and cultural safety are key elements in ensuring services are delivered in an appropriate manner.

It is important for services to have information available for the local Aboriginal and Torres Strait Islander Community Controlled Organisations and Health Services and establish close working relationships with these groups.

5.1.1 Cultural awareness

Cultural awareness is the knowledge and understanding of the history, values, belief systems, experiences and lifestyles of Aboriginal and Torres Strait Islander peoples. It is not about becoming an 'expert' but about being aware of the potential for differences, appreciating and understanding those differences, accepting that differences exist and recognising how those differences may impact on delivering services.

Cultural awareness is also about understanding traditional Aboriginal and Torres Strait Islander peoples' values and the effect those values have had in developing Queensland communities.

In addition, it involves personal reflection about one's own culture, biases and tendency to stereotype.

5.1.2 Cultural competence

Cultural competence refers to the capacity of a service to provide effective care to an individual regardless of any different cultural backgrounds. Cultural competence involves using knowledge of Aboriginal and Torres Strait Islander cultures to bring about better outcomes for Service Users.

5.1.3 Cultural safety

Cultural safety refers to a Service User's perspective on and experience with a service provider. Service Users need to feel that their service provider acknowledges and respects differences of cultural identity, acknowledges the power relationship between the service and the Service User attempts to reduce inequality.

Unsafe cultural practice is any action that diminishes, demeans or disempowers the cultural identity and wellbeing of a person. Service Users who feel unsafe and those who are unable to communicate effectively may not receive the assistance they need.

5.2 Safety

Ensuring the safety of Service Users and staff and those nearby is one of the most important functions provided by diversion services.

Safety is particularly important for services undertaking outreach work, where staff may have limited support immediately available to them.

5.3 Confidentiality

Confidentiality is a critical part of the professional relationship between diversion service staff and Service Users.

The fear of having personal issues spoken about in the community can result in a Service Users choosing not to seek help.

Staff should inform Service Users that their information will not be shared with family members without their consent. Service Users should be informed of how their personal information is recorded, stored and shared.

Staff should have a thorough understanding of their organisation's policies and procedures in relation to confidentiality.

5.4 Communication

Service Users of Diversion services may be hard to engage due to being impacted by high levels of intoxication. When communicating with Service Users impacted by intoxication, staff should use plain English while remembering that, even if an individual can usually speak English well, they may have difficulty understanding.

It is important for Diversion services staff to develop and maintain culturally appropriate communication with Aboriginal and Torres Strait Islander peoples. Staff should aim to ensure that the Service User feels culturally understood and is assisted accordingly.

5.4.1 Calming aggressive Service Users

Intoxication changes the way a person's brain functions and may affect their moods, emotions and thinking. The personality or character of a person experiencing the effects of intoxication may appear to be very different compared to when they are not affected by alcohol or experiencing withdrawal symptoms.

If a Service User is experiencing the effects of intoxication becomes verbally or physically abusive, or displays difficult behaviour, it may be due to a serious head injury or another medical emergency such as a diabetic or mental health episode for instance.

Staff should attempt to ascertain if the behaviour is related to an injury or health related event by applying the organisation's risk assessment framework. It may also be because the Service User has used other drugs with alcohol.

It can be difficult not to be offended or upset by the behaviour of some Service Users particularly if they are abusive. However, it is important for staff to not take the Service User's behaviour personally, as it is their condition that is most likely to be causing their behaviour.

The first thing to do in an aggressive situation is to ensure the safety of yourself and others, including where possible, the person who is being aggressive. If you are not safe, you will not be able to help anyone else.

5.5 Alcohol and other drugs knowledge

Staff of Diversion services must possess appropriate knowledge about the effects of drugs and alcohol and be supported to access suitable training and professional development on a regular basis to ensure their skills and knowledge are up to date.

Insight and Dovetail are specialist providers of alcohol and other drug training, education, clinical resources, and practice advice for workers and services in Queensland.

Refer to:

- Insight Queensland https://insight.qld.edu.au/
- Queensland Health: Queensland Health

5.6 Emergencies

5.6.1 Medical emergencies

Diversion services' staff are not medical or nursing staff and are not expected to assess, diagnose or treat any complications from intoxication or withdrawal, or to manage medical conditions of any kind.

Diversion services staff are expected to respond appropriately to the range of emotional, physical and psychological needs that Service Users may present with.

However, staff should always be aware that Service Users may have a critical medical condition needing immediate attention. Service Users should not simply be assumed to be 'drunk' when they may, in fact, be experiencing a serious condition such as head injury, stroke, low blood sugar, overdose or acute infection.

First aid kits must be accessible for all Diversion services staff, whether they are undertaking outreach, or working within a Diversionary centre.

Emergency contacts

Always keep emergency contact details listed somewhere visible and accessible:

- ambulance and police (000)
- emergency 24-hour phone numbers of the nearest hospital
- Poisons Information Centre 13 11 26 (24-hour national service)
- 1300 Health (13 43 25 84)
- 13 Mental Health (1300 642 255)

5.6.2 Responding to a medical emergency

To prevent death or to minimise the threat to a Service User's life, it is vital that all diversion services staff have an up to date "Provide First Aid" Certificate and access to First Aid Kits.

If a critical medical emergency arises, and first aid is required, the DRSABCD Basic Life Support should be followed. See attached link to print Basic Life Support Poster Basic-Life-Support-August-2023-1-v3.pdf

5.6.3 Prevention of suicide and self-harm

High-risk alcohol use is closely linked to mental health concerns and the significant risk of suicide or self-harm. The immediate risk of suicide or self-harm should be given urgent attention by all diversion services staff.

If staff feel safe, competent and have been trained in responding to suicide and self-harm behaviour, they may ask the questions listed below. However, if staff do not, they should call 000 if Service Users are displaying signs of potential suicide or self-harm.

Connection with family and culture may improve a Service User's social and emotional wellbeing and may help to prevent suicide and self-harm.

Where safe and appropriate, actively link Service Users to existing local cultural supports.

For information refer to:

- www.qld.gov.au/health/mental-health-and-wellbeing
- Dear Mind
- 1300 MH Call (1300 642 255) www.qld.gov.au/health/13MHCALL
- 13YARN (13 92 76) www.13yarn.org.au
- Lifeline (13 11 14) Lifeline Crisis Support | Lifeline
- Beyond Blue (1300 224 636) www.beyondblue.org.au
- Black Dog Institute www.blackdoginstitute.org.au
- Mental Health First Aid Australia www.mhfa.com.au

5.6.4 Critical incidents

If an emergency occurs, the incident must be reported as soon as possible.

*Critical incident report*ing should align with the organisations policy, procedures and forms. Critical incident reports should be forwarded to the department's regional officer as a priority.

A critical incident may include:

- death of a person
- life threatening injury to a person
- serious injury to a person that results in hospitalisation
- major security incident (including flooding or fire at a Diversionary centre)
- an event that may bring media attention to the department or service provider
- alleged rape, sexual assault or serious assault
- attempted suicide.

5.7 Professional development

Working with Service Users who are affected by alcohol can be a stressful job.

To provide safe and effective services to Service Users, staff of Diversion services should have access to professional development opportunities that maintain and enhance their professional knowledge, expertise and competence. Professional development activities and training is an ongoing process and should be informed by the service delivery environment and changing needs of Service Users.

Supervision and mentoring are important professional development activities and should be provided to all diversion services staff. Supervision, in particular, provides staff with critical opportunities to debrief from issues that arise during their work with Service Users.

5.8 Engagement

Engagement involves staff building a meaningful and respectful relationship with Service Users to provide a culturally responsive point of entry and connection with support services.

Engagement may include one-on-one contact or discussion within a group setting but should always use culturally respectful forms of communication, be active and persistent. Building relationships with Service Users can take time but is essential in encouraging Service Users to accept support.

Effective engagement provides a comforting entry point for vulnerable people at risk and plays a critical coordination role, linking Service Users to immediate and ongoing services. These services may assist in addressing issues such as family problems, substance abuse or homelessness.

5.8.1 Challenges to engagement

Good engagement can be challenging, particularly if Service Users do not know that particular services exist to help them.

Other challenges to engagement include:

- Service Users may be distrustful of organisations offering support
- Service Users may not be ready to accept support
- difficulty in communicating and engaging with Service Users who are experiencing the effects of intoxication, particularly those who are dependent and lack the ability to control their alcohol use
- the period of time to provide support may be quite short, Service Users may be transient and consistently engage and disengage from support
- Service Users may have poor mental health, cognitive decline, and trauma associated with personal or historical events
- cultural group dynamics may also impact engagement.

To sustain engagement with Service Users who are experiencing the effects of intoxication, consistency and availability of support and workers is considered vital.

5.9 Identification of needs and risk

Please note: This section relates particularly to Community Patrol, Diversionary centre, MPIP and Reducing Demand services.

Identification of a Service User’s support needs and risks to their safety is a mechanism to:

- better understand the circumstances of a Service User
- document details of a Service User’s support needs, safety risks, personal strengths, and existing support networks
- act early and link the Service User with adequate support before issues escalate into crisis.

5.10 Observation

Please note: This section relates primarily to Community Patrol and Diversionary centre services.

Vigilant observation of Service Users who are experiencing the effects of intoxication is one of the most critical functions undertaken by Community Patrol and Diversionary centre staff.

Service Users must always be within the direct line of sight of staff.

Service User observations may occur either in public spaces or within places of safety such as a Diversionary centre facility or in a vehicle during transport by Community Patrol. Observation involves staff checking and monitoring the vital signs of Service Users at regular intervals.

5.10.1 Observation timeframes

Organisations should have their own policy and procedures to carry out observations but at a **minimum** frequency observations must be carried out by staff according to the following:

- If the Service User is **awake**, the breathing, level of consciousness and level of intoxication of the Service User is observed at least **every 15 minutes**, for a minimum of **4 hours.** After this, the Service User must be observed every 30 minutes until the support period ends, if the Service User's health declines implement First Aid as appropriate, contacting Emergency Services if required.
- If the Service User is **asleep**, observe their breathing at least **every 15 minutes,** for a minimum of **4 hours.** After which, the Service User must be observed every 30 minutes until the support period ends.
- If the observation area has insufficient light, use torchlight to conduct observations as required.
    - ➢ Observations are conducted by looking, listening and feeling for regular and even breathing and Service User's responsiveness is checked.
    - If the techniques used above are inconclusive, then check Service User's responsiveness by gently touching their toe.
    - If this does not create a response or is inconclusive and does not generate a response, increase force by touching their shoulder or arm, looking for movement or change in their sleeping position.
    - If the above checks remain inconclusive, the Service User must be woken, as respectfully as possible by calling their name and moving them back and forth at the shoulder.
    - If the Service User is unresponsive, is not breathing or has difficulty in breathing, or if a Service User's health has deteriorated, staff should immediately follow the organisation's emergency response procedure which may include initiating CPR, calling for staff assistance and the Queensland Ambulance Service for medical assistance.

Observation of Service Users must be recorded by Community Patrol and Diversionary centre staff as per the organisation's policy, procedures and forms.

5.11 Support planning

A support plan assists Service Users to identify how they would like to change their circumstances and details a specific series of tasks to help Service Users in achieving this.

A Service User's support plan should be regularly reviewed to ensure goals are being met, and to identify whether new support goals are required. Seeing progress can encourage Service Users by recognising and reinforcing the positive changes they have achieved.

6. Consent

Prior to collecting, using, storing and sharing a Service User's personal information and to making referrals on their behalf, diversion service workers must first assess the capacity of Service Users to give consent.

A Service User's ability to provide consent may be impacted if they have reduced cognitive and emotional capacity, any intellectual or psychological impairment, or other decision-making impairment, such as temporary impairment due to the effects of intoxication.

For diversion service's Service Users, informed consent will not be possible if the Service User is highly intoxicated by alcohol or other drugs and does not have the capacity to consent, therefore, referrals should not be made at this time. Consent for referrals should be sought when the Service User is not severely impacted by the effects of alcohol.

Similarly for Service Users with acquired brain injuries, consent may need to be sought from a guardian if one is in place.

Service Users who are able to provide their informed consent must be given information about what personal information will be collected, how it will be used, stored and to whom it will be disclosed.

7. Referral

Staff of diversion services should be familiar with local and specialist services and actively encourage and support Service User access by making active referrals.

Where possible, diversion services should develop local referral and access strategies and procedures with health, welfare and legal services likely to be needed by Service Users and actively refer clients with their consent.

7.1.1 Receiving referrals

When receiving referrals, diversion services staff should ensure that the referrals are appropriate and possible within available resources.

When a Service User is referred to a Diversionary centre, staff should first assess any presenting issues that may indicate the referral is not appropriate before admission

occurs. For example, if the Service User requires urgent medical attention, call an ambulance. Similarly, if the Service User is being violent or aggressive, and all attempts to calm the person down have failed and the situation can no longer be managed, call the police.

7.1.2 Providing referrals

Diversion services are not intended to provide Service Users with long-term support but rather deliver brief interventions of care.

Although diversion services may only provide short-term care, a Service User's broader support needs should also be identified. If appropriate, and with the Service User's consent, referrals should be made to services providing specialised and longer-term support and care.

Referrals may include but are not limited to:

- always ensure consent has been recorded by following the organisation's policy, procedures and forms
- assisting the Service User to access disability or mobility supports
- helping the Service User to get treatment for any physical or mental health concerns
- supporting the Service User to access withdrawal treatment services
- providing referral to housing support services if the Service User is homeless or couch surfing
- supporting the person to access financial assistance such as emergency relief funds
- introducing the Service User to legal, justice or court support services
- connecting the Service User to other diversion services for support
- connecting the Service User with a family support service if family and relationship issues are identified
- assisting the Service User to access a generalist support service
- connecting the Service User to cultural supports as appropriate.

7.1.3 Support Services

The list below is not an exhaustive list, however it provides a sample of support services available:

- Medicare Mental Health –1800 595 212
- Adis 24/7 Alcohol and Drug Support (1800 177 833 Lifeline (13 11 14)
- 13Yarn (13 92 76)
- National Alcohol and Other Drug Hotline (1800 250 015)
- Alcoholic Anonymous (1300 222 222)
- Brother to Brother (1800 435 799)
- Men's Line Australia (1300 789 978)
- Beyond Blue (1300 224 636)
- Suicide Call Back Service (1800 551 800)
- National Indigenous Postvention Service (1800 805 801)

- DVConnect 1800 811 811
- Statewide Sexual Assault Helpline (1800 010 120)
- 1800 RESPECT (1800 737 732)
- Aboriginal and Torres Strait Islanders Legal Service (1800 012 255)
- Queensland Indigenous Family Violence Services (QIFVLS) (1800 887 700)
- Legal Aid Queensland -Indigenous information Line (1300 650 143)
- Support for Aboriginal and Torres Strait Islander victims of crime (1300 546 587)
- Elder Help (1800 353 374)
- Emergency Relief Program for a list and contact details of Emergency Relief Providers - Emergency Relief Program | Community support | Queensland Government
- Neighbourhood Centres link for a list and contact details of Neighbourhood Centres Neighbourhood Centres | Community support | Queensland Government

8. Supporting family members

Diversion services staff may sometimes find themselves having contact with a Service Users family. This contact may occur in a Watchhouse, a Diversionary centre or in a public space.

- **Cell Visitor** staff may have contact with family members if the Service User asks them to inform their family of their arrest or asks their family to visit them. Cell Visitor staff may also provide support to family members for up to 14 days after the Service User is released.
- **Community Patrol** staff may often find themselves transporting Service Users who are intoxicated to homes of family members identified and assessed as safe places.
- **Diversionary centre** staff may have contact with a Service Users family if the family member drops off or picks up the Service User.
- **Reducing Demand and MPIP** staff may have contact with family members when supporting a person to meet their goals such as reconnection to family and return to country.

Family members may be a valuable support for a Service User to make a change. They may need access to information, referrals and support regarding how to help their family member.

They may also be highly vulnerable to serious medical and/or mental health problems themselves, as a result of coping with the ongoing physical, emotional, financial and day-to-day stress of living with a family member's drinking behaviour, incarceration and related problems.

There may also be a range of Domestic and Family Violence orders in place that Diversion Services should consider when liaising with family members.

Diversion service staff should work with a diverse range of local service providers, as well as the Service User's family, to facilitate the delivery of culturally responsive, holistic and coordinated care.

9. Transportation of Service Users

To meet the immediate care needs Service User's experiencing the effects of intoxication, Community Patrol staff may need to transport Service Users either to a Diversionary centre or an alternative safe place where the Service User can sober-up. Any transportation of Service Users must be voluntary.

Staff should ensure all Service User belongings (including medication) are transported with them or provide the opportunity for the Service User to store their belongings for safe keeping, including if they have unsafe items such as knives or other weapons within their possession.

When transporting Service Users, staff:

- Assess any risk to Service Users and staff.
- Assess a Service User's health and wellbeing regarding possible injury, accident or illness to determine if the Queensland Ambulance Service should be called or if the Service User is able to be transported to a safe place.
- Ask if the Service User has their medication and belongings? Consider does the Service User need to hide or store their belongings prior to transportation due to the possible risk to other Service Users and staff if the Service User has weapons with their belongings?
- Have a discussion with the Service User about the sobering-up options available to them.
- Ask if there is a preferred safe place the Service User would like to be taken? Would the Service User be willing to attend the Diversionary centre?
- If the Service User identifies another safe place as their preferred option instead of the Diversionary centre, staff should:
  - Assess whether the safe place identified by the Service User is an appropriate place for them to be transported to.
  - Are there any orders that will be breached if the Service Users attends the residence? Will other people already at the residence be placed at-risk if the Service User is there (for example an ex-partner or children)? Is the Service User at risk if going to that residence?
  - Contact the residents at the safe place identified by the Service User and confirm that they agree for the Service User to be transported to them
  - Upon arrival at the safe place, again assess the appropriateness of the referral. Provide caregivers with practical information relevant to them providing support to the Service User.

10. End of Service User support

Service User support periods may end due to several reasons including:

- the Service User chose to leave the service voluntarily
- the Service User is no longer contactable
- the Service User is asked to leave the service (temporary exclusion)
- the Service User has been referred to another support service.

When the Service User support period ends diversion services staff must:

- formally close the support period
- ensure that all Service User information is accurately recorded within the service's Service User records as per the organisation's policies, procedures and forms.

11. Feedback and complaints

Diversion services should ensure that effective feedback mechanisms exist so that the opinions and suggestions of Service Users are recorded and taken on board, regardless of whether they are positive or negative.

12. Further reading

This section contains additional reading material that may be relevant to staff providing direct support to people who are experiencing intoxication, or to staff responsible for administration and management of diversion services.

Materials include:

- Australian Resuscitation Council, ANZCOR Guidelines https://www.anzcor.org/home/basic-life-support Basic Life Support
- Choking-August-2023-1-v3.pdf
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023
- https://www.niaa.gov.au/mhsewb-framework_0.pdf
- National Framework for Alcohol, Tobacco and Other Drug Treatment 2019–2029 The framework can be located on the Department of Health, Disability and Ageing website at: https://www.health.gov.au/national-framework-for-alcohol-tobacco-and-other-drug-treatment-2019-29.
- For more information on Aboriginal and Torres Strait Islander peoples specific AOD treatment services, please refer to the NIAA website here: https://www.niaa.gov.au/our-work/health-and-wellbeing/alcohol-and-other-drugs
- Insight: Centre for AOD Training and Workforce Development. Alcohol - Ways to reduce harm. 2024. Available from: Insight
- Brief Interventions – Tools and resources to conduct an AOD brief intervention Brief Interventions https://insight.qld.gov.au/toolkits/brief-interventions/detail
- Youth alcohol and drug practice Dovetail. Good Practice Guide 3: Practice Strategies and Interventions. 2013. Available from: Insight - Toolkits - Dovetail
- Department of Health, Disability and Ageing: The Grog Book Strengthening Indigenous Community Action on alcohol The grog book – strengthening indigenous community action on alcohol
- Department of Families, Seniors, Disability Services and Child Safety
- Department of Health and Ageing, Alcohol Treatment Guidelines for Indigenous Australians, Australian Government, Canberra, 2007.*(Archived) :*

https://www.indigenousjustice.gov.au/resources/alcohol-treatment-guidelines-for-indigenous-australians/.

- https://www.indigenousjustice.gov.au/resources/alcohol-treatment-guidelines-for-indigenous-australians/Lee K, Freeburn B, Ella S, Miller W, Perry J & Conigrave K [editors], Handbook for Aboriginal Alcohol and Drug Work, University of Sydney, Sydney, 2012 2012-handbook_online-version3.pdf Australian Indigenous Health info Net, Alcohol and Other Drug Knowledge Centre Home - Alcohol and Other Drugs Knowledge Centre
- Alcohol and Drug Foundation Aboriginal and Torres Strait Islander resources - Alcohol and Drug Foundation