
Outreach Policy

***MEWA Health and
Harm Reduction
Unit***

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1.Responsibility for approval of policy	<i>CEO- MEWA</i>
2.Responsibility for implementation	<i>Abdalla Badhrus</i>
3.Responsibility for ensuring review	<i>Abdalla Badhrus</i>

1. Policy Statement

MEWA Health and Harm Reduction Unit is committed to ensuring that outreach services operate to principles of good practice and that the needs of individuals who require supports outside of the project premises are met.

2. Purpose

- 2.1. To ensure *MEWA Health and Harm Reduction Unit* provides effective outreach services to individuals with outreach related needs.
- 2.2. To ensure that staff performing services outside of the static operations of the organisation have clear processes and procedures governing their work.
- 2.3. To best protect the safety of staff while performing outreach.

3. Scope

This policy applies to *MEWA Health and Harm Reduction Unit* staff, volunteers and locum staff conducting outreach outside of the static operations of the organisation. This may include outreach to individuals unattached to the service through detached; peripatetic or satellite outreach; or outreach to known service users for example in the home, in prison or hospital etc.

4. Glossary of Terms and Definitions

- 4.1. Outreach services: involves work done with individuals outside of the organisational premises. These can be defined as a community orientated activity undertaken in order to contact individuals or groups from particular target populations who are not effectively provided for by existing services. For the purpose of this document, outreach is also considered to include outreach to known service users, for example in the home, in prison etc.
- 4.2. Detached or street outreach: street-based outreach.
- 4.3. Peripatetic or attached outreach takes place in organisations and institutions, i.e. housing providers, prison and drug services. This has a collective rather than individual focus.
- 4.4. House, hospital and prison visits: these focus on contact with the individual in designated settings.
- 4.5. Staff: refers to any individuals working as employees, volunteers, locums or doing work experience under the banner of the organisation.

5. Professional Outreach Conduct and Boundaries

- 5.1. All staff who are to deliver outreach will be provided with training before embarking on outreach or will have demonstrated the skills and knowledge to conduct outreach in a manner that is professional and in accordance with the values of the organisation.
- 5.2. All service users should be treated equally and non-judgementally, recognising a person-centred approach to client outreach.
- 5.3. Staff will at all times be polite and friendly to service users and members of the public.
- 5.4. Staff will use the name of the client if the client is willing to share it. Abbreviations or nicknames may not be welcome, unless used by the client.
- 5.5. A client should not feel under pressure from an outreach worker to share information about themselves that they are not comfortable sharing.
- 5.6. Staff will distance themselves from the scene and will not intervene if they suspect criminal activity going on.
- 5.7. Staff will not obstruct the police in the course of their duty.
- 5.8. Staff will not look after drug paraphernalia or allow drug users to use / prepare drugs in their car or outreach vehicle.
- 5.9. Staff should not: buy, sell, exchange or receive, lend or borrow money, goods or services.
- 5.10. Staff will endeavour to provide the same level of service as provided through normal service delivery in relation to provision of information, follow up, advocacy and support.

- 5.11. Staff should adhere to the standards of the organisational code of practice / conduct whilst conducting outreach activities.
- 5.12. Staff will not enter into any activities that are not work related such as: shopping, non-business-related phone calls, eating. The exception to this is when outreach includes meeting a service user in a café.

6. Health and Safety in Relation to Outreach

The following apply to all outreach situations; it is the responsibility of each staff member to ensure they operate according to the following guidelines:

- 6.1. Staff safety is the primary concern in outreach activities. Staff should not go into a situation if they don't feel safe. If during outreach a staff member judges that the safety of the public, the service user or the team is at risk; the staff member should walk away and contact the police. If the police are called the manager should also be contacted.
- 6.2. Staff should, at all times, wear appropriate clothing that ensures they are dressed for any weather. Clothing and footwear must also facilitate easy movement.
- 6.3. Outreach teams should ensure they have the following items during outreach sessions:
 - 6.3.1. a charged phone, with the number of emergency services and MEWA Head Office and *MEWA Health and Harm Reduction Unit*
 - 6.3.2. The necessary equipment to deal with needles. This should include protective gloves and sharps bins.
 - 6.3.3. Needle exchange supplies.
 - 6.3.4. Promotional material and information leaflets, for example, law and legal rights, drug harm reduction information, etc.
 - 6.3.5. Condoms; feminine hygiene products.
 - 6.3.6. Outreach monitoring sheets.
- 6.4. Outreach teams should record incidents on return to the office on an incident recording sheet / incident report book. Any incidents of a serious nature should be reported to the manager on return to the building.

7. Street Outreach / Detached Outreach

- 7.1. There should be a minimum of 2 staff on any outreach team.
- 7.2. Outreach workers should always remain in sight of each other during sessions.
- 7.3. Prior to beginning outreach staff should agree 'exit words', which can be used to privately communicate the need to terminate a session or leave a situation judged to be unsafe.
- 7.4. If one staff member judges a situation to be unsafe, the other staff member is obligated to follow this lead and remain in pairs at all times.
- 7.5. Staff conducting outreach should meet with the Programme Coordinator periodically and as agreed, to determine:
 - 7.5.1. Geographical boundaries. Outreach should adhere to the area / boundaries agreed with the Programme Coordinator
 - 7.5.2. Duration of outreach. It is the responsibility of staff and volunteers to adhere to the agreed time of the outreach. If staff suspect that they are going to be late, it is important that they phone in to explain why. If the team has not returned within the expected timeframe, and hasn't phoned in, the Programme Coordinator should call on the outreach phone/ agreed contact number to ensure their safety.

8. House Visits

- 8.1. House visits will only be conducted with service users who are considered known by the organisation
- 8.2. In all cases house visits need to be approved by *MEWA Health and Harm Reduction Unit* prior to being undertaken.
- 8.3. House visits will always be undertaken by two staff members.
- 8.4. Staff will be allowed adequate time for preparation before conducting outreach services. This should include:

- 8.4.1. The completion of a risk assessment,
- 8.4.2. Prior to beginning outreach staff should agree 'exit words', which can be used to privately communicate the need to terminate a session or leave a situation judged to be unsafe.
- 8.4.3. A check of the items listed in section 6.3.
- 8.5. Staff will generally contact the service user prior to a home visit and request that other people are not present, except where these are known to the project. Where there are other persons present, it is the decision of those conducting the outreach to judge if a home visit is appropriate.
- 8.6. Before entering the premises, staff will ask if there anyone else in the home or is anyone expected that the house over the course of the visit. If they are happy with the response they can continue with the visit.
- 8.7. While conducting house outreach staff should be aware of their own ability to exit the premises unimpeded should the need arise and should have a clear plan for doing this. If anything arises which leaves them feeling unsafe or compromised staff need to leave as soon as possible.
- 8.8. If one staff member judges a situation to be unsafe, the other staff member is obligated to follow this lead and remain in pairs at all times.

9. Hospital and Prison Visits

- 9.1. Hospital visits: it will be discussed with the relevant manager as to whether there needs to be any arrangements within the hospital in regards to these visits. In general, if this is within designated visiting hours prior arrangement is not required.
- 9.2. Prison visits: will need to be arranged in advance with the prison chaplain or other official.

10. Supervision

- 10.1. Staff should be encouraged to speak openly about boundary issues through supervision and team meetings. This is part of ensuring the emotional safety of the staff.
- 10.2. If any issue arises between supervision sessions, staff should make their line manager aware of their wish to discuss this. The line manager will make sufficient time available to do this.