



ABUSE AND NEGLECT RESPONSE POLICY AND PROCEDURES

STATEMENT OF PURPOSE

This policy and procedure have been developed and will be implemented to meet the requirements of the following:

- The Victorian Disability Services Act 2006 and the New South Wales Disability Services Standards; and,
- Human Rights and Equal Opportunity Act 1986.
- other legislative or related provisions [e.g. Victorian Privacy Act, Vic Freedom of Information Act]. In particular, the policy and procedures seek to ensure that;
- “each person receives a service that promotes and respects their legal and human rights and enables them to exercise choice like everyone else in the community”.

In particular, the policy and procedures seek to ensure that;

- “Each person will receive a service in an environment free from discrimination, abuse, neglect and exploitation”.
- “Services are provided in an environment free from discrimination, financial, sexual, physical and emotional abuse, neglect and exploitation”.

ABUSE AND NEGLECT RESPONSE POLICY

Abuse is used throughout this policy to refer to: sexual assault, physical, emotional, financial and systemic abuse, domestic violence, constraints and restrictive practices, and to neglect.

Axess Ability has a responsibility to provide an environment for clients that is free of any type of abuse that is described in this policy. Axess Ability shall provide services that emphasise the prevention of abuse through the proactive training of clients and staff.

Axess Ability shall respond immediately and sensitively to allegations of abuse and co-ordinate the appropriate response - including protection from further abuse and to offer the legal, medical and psychological assistance that shall be required.

Abuse, Assault & Neglect Response

Axess Ability shall actively encourage and support clients to participate in the investigation by ensuring they receive the support and information plus opportunity to access the due process through the criminal justice system.

Axess Ability recognises that each person with a disability has the same legal and human rights as the rest of the community. Each client is entitled to privacy, dignity, and confidentiality in all aspects of his or her life.

TYPES OF ABUSE

Definitions

Abuse is used throughout this policy to describe behaviour or actions that are intended to cause harm to a person with a disability. The types of abuse referred to in this policy are defined below (Refer to Attachment 1 for Examples).

Domestic violence

Violence, abuse and intimidation perpetrated by one person against another in a personal, intimate relationship. Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm.

Neglect

Neglect is a failure to provide the basic physical and emotional necessities of life. It can be wilful denial of medication, medical care, therapeutic devices or other physical assistance to a person who requires it because of age, health or disability. It can also be a failure to provide adequate shelter, clothing, food, protection, supervision and nurturance or stimulation needed for social, intellectual and emotional growth or well-being. It can be the placement of persons at undue risk through unsafe environments or practices thereby exposing them to the danger of physical, mental or emotional harm.

Physical abuse

Physical abuse is assault, non-accidental injury or physical harm to a person by any other person. It includes but is not limited to inflicting pain or any unpleasant sensation, and causing harm or injuries.

Restraints and restricted practices

Restraining or isolating an adult for reasons other than medical necessity or in the absence of a less restrictive alternative to prevent self-harm. This may include the use of chemical or physical means or the denial of basic human rights or choices. These practices are not considered to be abuse if they are applied under a restricted practice authorisation.

Sexual assault

It includes any sexual contact between an adult and child 16 years of age and younger. Any non-consensual sexual activity with an adult who is threatened, coerced or forced to engage in sexual behaviour is sexual assault. It includes language or exploitative behaviour and can take the form of rape, indecent assault, sexual harassment or sexual interference in any form.

Emotional abuse

This includes verbal assaults, threats of maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge that person's existence. This may also include denying cultural or religious needs and preferences.

Financial abuse

The improper use of another person's property or assets, or the use or withholding of another person's resources by someone with whom there is a relationship implying trust.

Systems abuse

In its simplest form, systems abuse occurs when the needs of people with a disability who are in receipt of a service are not recognised, and essential services are not provided or are inadequate, inappropriate or poorly coordinated. The impact on individuals can include neglect or abuse resulting from poor practice, exclusion from community life and the loss of basic human rights.

LEGISLATIVE FRAMEWORK

The legislation pertaining to this Abuse and Neglect Response Policy includes:

- Victoria Disability Services Act 2006 and supporting Standards.
- Mental Health (Criminal Procedure) Act, 1990.
- Privacy and Personal Information Protection Act, 1998.
- Protected Disclosures Act, 1994.
- Victims' Rights Act 1996.
- Victims Support and Rehabilitation Act, 1996.
- United Nations Rights of the Disabled Person 1975.

RIGHTS OF PEOPLE WITH A DISABILITY;

The provisions of the Victorian Disability Services Act 2006 and supporting Standards clearly outline the obligations that service providers have to ensure the rights of people with a disability are met as equal members of society. Those rights include their entitlement to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. A client is any adult person with a disability who lives or participates in Victorian DHHS or funded non-government service or an employment service funded by The Australian Government, , Community Services and Indigenous Affairs. The disability may make it difficult for the person to move independently, communicate or perform activities of daily living, without assistance.

The disability can be the result of an intellectual or physical impairment, or from an acquired brain injury. Access Ability as a service provider has a duty of care to implement prevention strategies that include suitable recruitment screening processes and protocols for identifying the risk indicators for abuse. Prevention strategies should provide for the employment of skilled staff who respects the rights of clients, who are aware of current policies and legislation pertaining to abuse, and who will support clients and their families or guardians to access complaint mechanisms and raise any concerns they have about services.

ABUSE AND NEGLECT PROCEDURES

A report of abuse may be received from:

- a person with a disability using verbal or written communication or any other communication system;
- another client, member of staff or any other person, who may witness abuse of a client and make a report;
- a member of staff upon observing one or more indicators of abuse (Refer to Attachment 2 for Examples of Indicators) suspects that a client or clients have been or are being abused.

The following procedures must be followed where abuse of any sort towards a client is known or suspected.

Emergency Response

Staff members that are present at the time of an assault should take appropriate measures to maintain their own safety, and that of other clients and staff.

Staff at the scene must ensure that the client (the victim) is protected from any further harm or contact with the person who is the source of abuse (the offender).

Staff at the scene must notify the doctor or ambulance if the client or any other person is injured.

Staff at the scene must immediately advise the Partner's.

Staff at the scene or the Partner's will contact the Victorian Police if a client has been physically or sexually assaulted or dies as the result of an assault.

Staff at the scene or the Partner's will also contact the local Sexual Assault Service if a client has been sexually assaulted.

Sexual assault - Sexual assault of a client is a serious offence and must be reported to the Victorian Police.

Physical assault - Any other physical assault of a client must be reported to the Victorian Police (Refer to below for exceptions mark *).

Other assault - A report of domestic violence, or abuse by neglect and restricted practices, and emotional, financial and systems abuse, must be reported to the Partner's as soon as possible and

may be reported to the Victorian Police. If in doubt about reporting abuse, the Victorian Police may be contacted for advice.

* Exceptions

A report to the Victorian Police about an assault may not be required if any of the following conditions exist:

- an incident that would usually be classed as assault, is caused by a person with an intellectual disability who lacks understanding of the behaviour, and
- physical contacts occurring between clients (e.g. pushing or striking) that are appropriate for resolution using behaviour management strategies, and are reported internally.

Protecting evidence for VIC Police

Staff at the scene must use their best endeavours to ensure that any evidence the VIC Police may require in their investigation is not disturbed.

Evidence may be lost if a victim of sexual assault bathes soon after the assault. Delay the victim bathing until the VIC Police arrive if the victim is not distressed by the delay.

If possible, preserve the victim's clothing as evidence following an assault of any type.

If possible, isolate the area where the incident occurred and do not allow anyone to enter the area until the VIC Police arrive.

Apart from ascertaining their physical condition and state of mind, avoid questioning clients about the incident to reduce contamination of their recall and confusion about the events.

The Role of the Person-in-charge

The person-in-charge should ensure that all emergency procedures have been followed and the appropriate emergency services have been called.

The person-in-charge must ensure that the victim's wishes are followed in relation to advising family, guardian or other support person about the incident, where the victim is capable of making this known. When the victim is not capable then the person-in-charge should make sure the appropriate person is notified of the incident as soon as possible and within 12 hours of the report being made.

If there is no Guardian or Person Responsible, then the Guardianship Tribunal will be contacted to appoint a Guardian to make this decision. If the Guardian or Person Responsible refuses and other Caregivers or persons involved are concerned, then the Guardianship Tribunal may need to be contacted. It is important that the safety of the client is paramount.

If the client refuses to report the assault to the police, staff members who know of or have witnessed a sexual assault or a physical assault where the assault constitutes a serious offence have a responsibility under the Crimes Act 1900 S.316 (1) to report the matter to the police and must do so. The Partner's must also be informed. The client should be notified by the staff member that a

report of an assault will mean that under the Crimes Act, the staff member has a responsibility to inform the police.

The person-in-charge is responsible for ensuring that documentation of the incident is completed and reports are forwarded to the appropriate levels of management.

Abuse by a member of staff

If it is witnessed or suspected that a member of staff has abused a client or clients, the Partner's must be informed immediately.

If it is suspected that the person-in-charge is involved in the abuse the matter must be reported to one of the Partner's immediately

Where management reasonably believes that a member of staff is the source of abuse of a client the matter must be referred to the VIC Police.

All reported instances of sexual assault, physical assault, abuse or neglect must be notified to:

Vic Police and DHHS Victoria

"For employees of a designated agency, it does not matter how or where the alleged abuse is said to have taken place. Allegations of abuse against employees of designated agencies need to be notified to Victoria Police and DHHS Victoria whether the abuse is alleged to have taken place in the course of the person's employment, or in any other situation, including in the home or other community or recreational activities in which the employee might be involved"

As the funding body for Axess Ability in supported day program services, DHHS is to be notified immediately of any alleged instances of assault, abuse or neglect. Notification is to be made to the DHHS Eastern Regional Office and a written report provided as to the nature of the incident and action taken by Axess Ability

Axess Ability will complete a briefing note for the Regional Manager DHHS [EASTERN REGION] detailing who reported the matter, time of reporting, any information concerning the alleged offender, time of notification etc, authorities notified and time of notification, action taken by staff members, time of notification of relatives, and any action taken by attending authorities (e.g. Police). Any other information that may be relevant to the matter should be included.

The details of the allegations and the records are to be kept in a secure and locked place. This will be kept in a separate file from the client's file. The confidentiality and privacy of the client is to be given highest priority. Every incident that is reported to a staff member will be recorded and reported as soon as possible to the Regional Manager. Each reported case of assault must be reported to the Committee, immediately after the disclosure.

Any cases of suspected abuse by a member of staff must be reported to DHHS EASTERN Regional Office.

A member of staff who is reasonably suspected of abusing a client must not be permitted to have any unsupervised contact with the client, and will be immediately transferred to alternative duties

following the allegation and until the matter is resolved. Any allegations of abuse by a member of staff towards a client will be the subject of internal investigations by Axess Ability and by the Vic Police.

If it is found that a member of staff has abused a client, the matter may warrant dismissal of the staff member by Axess Ability, as well as any action taken by the Vic Police.

Any staff member failing to report or cover up incidents of potential abuse will be subject to disciplinary action and/or reported to the Vic Police and subject to any action that may be taken by the Vic Police.

Any threat of retribution by staff for disclosure of any potential or actual abusive or neglectful practice or situation will be subject to disciplinary action and/or reported to the Vic Police and subject to any action that may be taken by the Vic Police.

If a staff member accompanies the offender who is another staff member to the police station to provide support, the staff member must not give an opinion about the offender or the alleged incident or give the offender legal advice. The staff member should be replaced by an independent support person or a legal adviser as soon as possible.

No Axess Ability staff member will carry out any investigation of his/her own (such as interviewing the alleged offender, or interviewing the client other than to obtain brief details of the incident/s and arrange for the client's safety and ascertain his/her wishes about attending a Sexual Assault Service). Investigation is not the role of the Service Provider, and if carried out, can seriously jeopardise any legal proceedings that may take place at a later stage.

Responses to an alleged allegation of abuse will ensure:

- protection of the victim from further danger;
- notification of senior staff responsible for taking action;
- completion of a written incident report (incident reports are kept in the Office).
- separation of those involved in an assault;
- support to service users to seek immediate medical attention and access to legal advice and counselling services; and
- development of a plan to manage the issues arising from the assault.

Abuse by another client

When one client is the suspected or known source of abuse towards another client, staff must ensure that the rights of both clients are observed during the response and reporting processes.

Any decisions made in relation to managing the incident must be fully documented for future reference, along with the reason for the decision and the name and contact details of the person making the decision.

The person-in-charge must ensure that the wishes of the victim and the offender are followed in relation to advising family, guardian or other support person about the incident, where they are

capable of making this known. When the victim and/or the offender are not capable then the person-in-charge will notify the appropriate person of the incident as soon as possible and within 12 hours of the report being made.

The Partner's will facilitate access to appropriate support, where practical, for both clients, their families and staff, and ensure they have information about available services

If a Partner reasonably believes that an incident between two clients is abuse or assault the matter must be referred to the Vic Police.

If a staff member accompanies the offender who is a client to the police station to provide support, the staff member must not give an opinion about the offender or the alleged incident, give the offender legal advice, question the offender on behalf of the police or interpret the offender's answers. The staff member should be replaced by an independent support person or a legal adviser as soon as possible.

Financial Abuse

Where clients are vulnerable, and unable to manage their personal finances, this may be done informally by the family, guardian or other support person. In the absence of a suitable informal financial manager, application is made to the Guardianship Tribunal to appoint a formal financial manager.

When there is an allegation of financial abuse, the Partner's will notify the client, family or guardian, and/or the administrator of the client's finances. The matter may be reported to the Vic Police

Other Issues of Abuse Staff members will take immediate Action to address the following incidents: unsafe equipment, practices or situations;

- accidents and near accidents;
- minor injuries;
- neglect;
- retribution for reporting an incident ; and
- any systemic problems.

Past incidents of abuse;

If the abuse has happened in the past, and the client is not in immediate danger, the Partner's must be notified as soon as possible.

If the Partner's reasonably believes that abuse has occurred, or is in any doubt, the matter must be referred to the Vic Police for further investigation.

Communication

The Partner's will appoint a contact person to communicate with the victim and family, guardian or other support person to ensure that information relating to the incident is provided through one coordinated source.

Information being relayed to the victim must be provided in a form that is understandable, and this includes ensuring that a support person is available who knows the victim's communication requirements.

When the victim is unable to make decisions about any aspect of the incident, a family member or guardian must be present to make decisions on the victim's behalf. Where this relates to medical treatment or forensic examination consent must be provided by a person responsible in accordance with the Guardianship Act.

Support for clients

The victim and family, guardian or other support person should be assisted to access any debriefing, counselling, legal or other support services if that is their wish.

Clients who are victims of abuse and their families or guardians should be referred to Victims of Crime VIC to be advised of their rights, and the support services that are available to them Partner's will facilitate access for victims of violent crimes and their families who may be eligible to apply for counselling with the Approved Counselling Service provided by Victims Of Crime

Staff must ensure that clients, both victim and offender, are adequately supported by an independent person, who could be a relative, friend, advocacy service or legal practitioner.

The victim, family, guardian or other support person will have the choice of pursuing the matter through the legal system and must be supported to access the services and advice they require.

Information provided to a client, guardian or other support person about legal rights, options and support services, must be provided in a format that suits their individual communication needs.

Partner's will have a clear understanding of the role and function of relevant mainstream or specialist service providers and ensures that appropriate referral protocols are established with them.

Support for staff

Staff should be offered a debriefing session within 24 hours of the incident occurring.

Privacy and confidentiality

Each person provided with a service by Axess Ability will be given the same level of privacy, dignity and confidentiality as expected by other members of the community.

All information about a person [medical, personal, financial or otherwise] who is provided with a service by Axess Ability is to be treated in the strictest confidence.

All staff members who are in contact with the victim or the offender will maintain confidentiality of information between the individuals who are directly involved in responding to the incident.

Confidentiality must be maintained when making a report to external agencies. Failure to do so may prejudice any subsequent investigation and cause unnecessary hurt or embarrassment to individuals.

If a staff member breaches confidentiality, the staff member may be subject to disciplinary action.

Record keeping

It is important that comprehensive and accurate records are maintained in the interests of all parties, and to ensure accountability and transparency in decision-making.

A detailed written report should be completed as soon as possible to ensure it is an accurate record of the incident.

The report should include:

- the nature and extent of the incident and Incident Reporting;
- a description of the incident completed as soon after the event as possible and being an exact record of the events;
- additional reports written by other witnesses or persons present at the time the incident occurred;
- the name and contact details of all those involved, particularly in relation to decisions that are made as a result of the incident;
- the response provided to the person making the allegation;
- the date and signature of the person making the report; • ongoing actions required to resolve the matter; and
- the outcome, although, depending on the nature of the incident an outcome may be delayed. Records must be stored securely and only accessed by persons with a legitimate reason for viewing any documents. Further incidents and update any risk management plans pertaining to the event and the clients involved.

The Client Risk Profile of any clients involved in the incident are to be reviewed to assess and manage the risk of further incidents of abuse.

MANAGEMENT PLAN PROCEDURES

The Partners are to ensure that a Management Plan is developed within 7 days of the suspected assault/abuse/neglect. The Management Plan will state how the issues related to the assault/abuse/neglect will be managed. Wherever possible, the client should be involved in formulating the plan, as well as any other persons the client wishes to involve such as the person responsible or advocate. The Management Plan will ensure the following issues have been assessed for follow-up. This will include outlining the decisions, strategies, time frames and responsibilities for each issue identified.

Issues relating to the Individual (victim):

follow-up counselling for the individual by a counsellor qualified in the type of assault and supporting a person with a disability;

education opportunities for the individual to increase their future safety (i.e. sexuality, protective behaviours, etc.);

required medical follow-up for the individual;

support for the individual with any police investigations and subsequent legal or court processes;

risk reduction strategies required to be put in place for the individual for risks in the future;

assistance with making an application for Victim's Compensation if they are eligible;

maintaining confidentiality for the individual;

follow-up support to family and significant others if this has not been fully covered in the initial response; and,

documentation of follow up action for the individual (as above) to be attached to the client's file and specific actions integrated into their Individual Plan.

Issues relating to the Alleged Perpetrator of the Abuse (other client):

Staff must ensure that the client is adequately supported by an independent person, who could be a relative, friend, advocacy service or legal practitioner.

The client should be referred to appropriate mainstream and specialist service providers for legal, medical, counselling and advocacy assistance.

Where a service user has a history of assault, the service provider develops a plan to address that behaviour.

Where client who has assaulted is moved to another service, the new service should be provided with adequate information about the person's history. This should include a client risk profile, client risk management plan, behaviour support plan and appropriate documentation relating to previous assaults.

Work Practice Issues:

Staff members should be offered debriefing for the issue, however the debriefing must be conducted in a manner that does not infringe on the individual's right to confidentiality or potentially lead to contamination of evidence;

Staff training needs should be assessed on the issues of assault and the obligations of staff members to report such matters;

Staff training on how to complete incident reports forms and where they are kept.

Security measures reviewed in the light of the particular incident.

Endorsement and Approval of Management Plan

The Management Plan is to be forwarded to the Committee, who will endorse it .

PROCEDURES RELATED TO SUSPECTED OFFENDER

Where the alleged offender is a client:

Clients have the same rights and responsibilities as other members of the community against whom an allegation has been made.

The Partners are to ensure that where the alleged offender is another client, arrangements are made to ensure the safety of the victim and the person making an allegation, whilst respecting the rights of the alleged offender.

Although the alleged offender may be another client, staff members have a responsibility to notify the Partners who will make a decision to notify police where appropriate.

The issues related to the alleged offender are to be managed through the case management system, where the Partner's assist and support Keyworkers to plan and meet client goals. The following areas are to be addressed in this process:

i) assessment of the person's needs in light of the assault and strategies to address these needs. This may involve strategies such as sexuality and relationship education, development of a behavioural intervention program

counselling, input on protective behaviours, re-evaluation of the person's living arrangements including their opportunities to express their needs positively and to have some control and choice in their lives;

ii) planned intervention strategies that will reduce further risk situations. For example: increased supervision of clients or physical separation of the clients at certain times or in their living environments;

iii) notification of family and significant others;

iv) support/independent advocacy for the alleged offender in dealing with police/court etc.; v) review and ongoing monitoring of the above issues and risk factors until such time as these have been resolved.

Following the completion of investigations and tasks outlined in the Management Plan, the Partner's will file the report.

Where the alleged offender is a staff member

Staff members have a right to a fair and unbiased approach in the process/es put in place where an allegation of assault/abuse/neglect may be made against the staff member. Axxess Ability will review all allegation/s individually in terms of the job role the staff member is employed in at the time of

the allegation/s. In the interest of the future safety of the client/s involved in the allegation, and balanced against the protection of the staff members from further allegations, the Partner's will recommend one of the following actions during the investigation of the allegation:

(a) The staff member is provided alternate duties that do not require client contact with the particular client/s to which the allegations pertain or to any other clients. This non-client contact period will be until the allegations have been fully investigated by the Police or by Axxess Ability (where the Police have declined to investigate) and the Committee have had the opportunity to review the results or recommendations from the investigation.

(b) Where the staff member has been charged by the Police for a serious offence, the Partner's may recommend that the staff member is suspended from duty during the course of the criminal proceedings initiated by the Police, or;

(c) Where the staff member has been charged by the Police for a serious offence and has been found guilty of that offence, the Partner's may recommend the staff member's employment is immediately terminated. Axxess Ability will investigate or appoint an independent person to investigate an allegation of assault/abuse/neglect, where the Police have declined to charge the staff member or institute criminal proceedings. In such instances Axxess Ability reserves the right to investigate and proceed with disciplinary action based on the findings and recommendations of its own investigation into the allegation/s. Axxess Ability reserves the right to investigate or appoint an independent person to investigate an allegation of assault/abuse/neglect, where the staff member has not been found guilty in criminal proceedings. Axxess Ability will consider disciplinary action based on the findings and recommendations of its own investigation into the allegation/s.

Where the Police investigation (or criminal proceedings) and Axxess Ability investigation show that the allegations are not substantiated, then the Partner's may recommend that the staff member be reassigned to their previous job role involving client contact.

GUIDELINES FOR ABUSE PREVENTION STRATEGIES

PREVENTION AND EARLY INTERVENTION

Effective prevention strategies will include recruitment screening processes to protect clients from exposure to individuals who have a history of harming vulnerable people. By ensuring that new recruits are adequately screened services can maximise their chances of employing suitable individuals to work with people with a disability.

Prevention strategies that relate to good practice in recruitment and retention are summarised below.

Position descriptions	<ul style="list-style-type: none"> • Avoid ambiguous statements • Include clear expectations regarding behaviour towards clients
Selection process	<ul style="list-style-type: none"> • Conduct structured interviews

	<ul style="list-style-type: none"> • Develop specific questions to explore applicants' attitudes to the abuse of clients.
References	<ul style="list-style-type: none"> • Check references provided by applicants
Criminal record checks	<ul style="list-style-type: none"> • Advise applicant that a criminal record check will be made • Request a from an appropriate source
Induction	<ul style="list-style-type: none"> • Provide a code of conduct for new staff to read and sign • Include clear statements about behaviour towards clients • Include responding to abuse in initial training sessions <ul style="list-style-type: none"> • Provide full briefing to agency staff about the organisation's policies on abuse before they commence work with clients
Staff training	<ul style="list-style-type: none"> • Keep staff well informed about inappropriate treatment of clients • Discuss client issues clearly and openly, for example sexuality and consent • Training on how to complete incident report forms and where these forms are kept • Review code of conduct
Staff Rostering	<ul style="list-style-type: none"> • Staff shall respect the individual personal care needs of all clients. Where gender of the carer or client is a matter of concern for either party, every attempt shall be made to make satisfactory alternative rostering within the available resources
Staff responsibilities	<ul style="list-style-type: none"> • Remind staff that any observation or suspicion of abuse must be reported to the Partner's • Remind staff to respect the rights of clients, families, other staff and the organisation <ul style="list-style-type: none"> • Inform staff that any staff member failing to report or cover up incidents of potential abuse will be subject to disciplinary action and/or subject to any action that may be taken by the Vic Police.
Management responsibilities	<ul style="list-style-type: none"> • Manage staff performance • Provide strong leadership and examples of respect for others

In the same way that effective recruitment screening practices aid in reducing clients' exposure to harm, the provision of orientation sessions for workers to identify the risk indicators for abuse will increase their ability to recognise the early signs of possible abuse.

Workers need to know the issues associated with abuse of people with a disability, including assault and neglect, and must be aware of current policies, procedures and legislation pertaining to abuse and individual rights.

Clients and staff should be educated to understand the rights of clients, their sexuality and human relationships, and their need to learn self-protective behaviours to the best of their abilities.

A consideration for staff could be the introduction of self-protective behaviours such as the development of 'intimate care plans' detailing the level of personal contact between a client and worker that is required for the adequate provision of care, and that is understood by the client and the worker.

Protection of clients and prevention of harm will be enhanced by fostering an organisational culture that actively encourages and supports clients, and their families or guardians, to access complaint mechanisms and raise concerns about service delivery. This includes ensuring that all clients have the opportunity to express their needs positively and to have some control and choice in their lives.

Intervention strategies for workers include a range of approaches that are summarised in the following table.

Awareness and identification	Recognising a possible risk of abuse and referring to appropriate agencies or Partner's for assessment.
Risk assessment	Assess the situation to determine the presence, nature and extent of abuse. If it is appropriate, involve other agents in a resolution, for example, general practitioners, social workers or community workers.
Case coordination	•Assess and arrange appropriate services for clients who are at risk or are victims of abuse.
Support services	•Provide health, welfare, counselling and victims support, or other appropriate services.
Legal intervention	•Access appropriate legal services

Reporting and Responding to Abuse

Every staff member shall be made aware of their roles and responsibilities if they suspect any form of abuse towards clients and the process of reporting such suspected abuse. Partners' shall emphasise prevention of assault or abuse by ensuring:

Clients and staff receive education support on issues associated with assault / abuse / harassment in the areas of client rights, human relations, self-protective behaviours, current policies, procedures and relevant legislation.

Clients are actively encouraged and supported by staff members to access complaint mechanisms, to raise concerns about service delivery and to be involved in review and development of service delivery (support).

Sexual assault –

Sexual assault of a client is a serious offence and must be reported to Victoria Police.

Physical assault - Any other physical assault of a client must be reported to Victoria Police.

Axess Ability Partners/Staff will also adhere/follow strictly the D.H.H.S guidelines on reporting of Responding to Allegations of Physical/Sexual Assault and Legislative guidelines of Mandatory Reporting under the Crimes Act 1958.

Behaviour Support Policy

Axess Ability will inform staff, service users and families, guardians and advocates that prohibited practices include:

- corporal punishment (eg, hitting);
- physical abuse including hair-pulling, pinching, biting, hitting and slapping;
- deprivation of meals, breaks, sleep, and the opportunity to maintain personal hygiene;
- forfeiture of money or personal property;
- contrast showers (hot and cold alternating), cold showers or 'hosing down';
- isolation such as exclusionary time out, seclusion or restraint without proper authorisation, appropriate monitoring and strict adherence to all procedural guidelines;
- verbal abuse including name-calling, shouting, ridiculing or continual teasing; • deliberate or unintentional neglect leading to failure to provide food, comfort, health care and opportunities to pursue personal activities and interests; and
- any unlawful act. Axess Ability implements behaviour intervention programs in line with Victorian Disability services act 2006 and Victorian Disability Standards

POTENTIAL SOURCES OF ABUSE

Research literature suggests that abuse of women with disabilities occurs in similar situations to all women, that is, they are most likely to be assaulted by someone they know, it is most likely to be a man, and will occur in a familiar and private place. Literature also indicates that women and men with disabilities are physically abused more often than the general population.

Direct care staff	Have the greatest opportunity because they have extended periods of one to one contact with clients, are the providers of many of the necessities of life and assist them with intimate activities such as bathing and hygiene. They can also act as guardians and decision makers in some aspects of clients' lives. They may also have access to clients' money
Other staff	Have regular opportunities for unsupervised contact with clients and their property. They may also have access to clients' money
Other clients	are in regular and close contact with clients and may have diminished responsibility related to their own disability
Visitors	Have opportunities to spend time with individual clients and build up relationships based on trust that can later be violated
Family members	Can spend extended periods of time with clients, away from staff and other clients, and they may have unlimited access to finances and property
Guardians financial managers or trustees	Are in a position to make lifestyle and health related decisions about clients and can approve the use of clients' finances.
Other service providers	May have regular contact with clients away from carers and family and are in positions of trust.
Strangers	At any time when clients are unsupervised or away from their usual environment they can be at risk of abuse from strangers

Observed abuse:

Workers in day placement services, or any other services used by clients, are most likely to observe incidents of abuse towards clients.

Reported abuse:

Abuse may be reported directly to staff by the victim or by another client who has observed the incident or multiple incidents. A direct care worker or any other person, may observe the abuse of a client or clients, and report it to a responsible person.

Suspected abuse:

A direct care worker or any other person may detect unusual behaviours or events that could be indicators of client abuse. Another carer, a family member or a guardian who knows a client well and has reason to suspect that the client is being abused should inform a responsible person among the direct care staff. Any other person who is not necessarily familiar with a client but suspects that there is an abusive situation should also report any suspicion of abuse to a senior member of staff who knows or is involved in the client's circle of support.

Types of abuse

The following definitions of abuse are taken from known sources. Abuse is not limited to the types defined below and employees are required to consider that any inappropriate behaviour towards a client may be abuse.

Domestic violence

Violence, abuse and intimidation perpetrated by one person against another in a personal, intimate relationship. It is a partnership violence that includes violence perpetrated when couples are separated or divorced. Domestic violence occurs between two people where one has power over the other causing fear, physical and/or psychological harm. This type of abuse can occur where people are living in the same house, between a client and a family member or friend, or between two clients.

Neglect

Neglect is a failure to provide the basic physical and emotional necessities of life. It can be wilful denial of medication, dental or medical care, therapeutic devices or other physical assistance to a person who requires it because of age, health or disability. It can also be a failure to provide adequate shelter, clothing, food, protection and supervision, or to place persons at undue risk through unsafe environments or practices and thereby exposing that person to risk of physical, mental or emotional harm. Neglect includes the failure to provide the nurturance or stimulation needed for the social, intellectual and emotional growth or well-being of an adult or child. Note: Neglect may occur when the primary carer of a client does not provide the essential elements for life described above, or when any person or organisation responsible for providing care or services to a client fails to meet this obligation. Examples Neglect Refusing to provide service users with food because they have not done what they were asked to do. Hurrying or rushing assistance with eating or drinking to fit in with staff timetables rather than clients' needs. Withdrawal or denial of privileges, planned outings or personal items that are not designated and planned behaviour management strategies. Depriving clients of their right to express their cultural identity, their sexuality or other desires. Failure to ensure adequate food, health care support, clothing, medical aid or culturally relevant contexts and supports. Not using a communication device to enable expression of needs or other communication.

Physical abuse

Physical abuse is assault, non-accidental injury or physical harm to a person by any other person. It includes but is not limited to inflicting pain or any unpleasant sensation, causing harm or injuries by excessive discipline, beating or shaking, bruising, electric shock, lacerations or welts, burns, fractures or dislocation, female genital mutilation and attempted suffocation or strangulation. Note: This type of abuse may be perpetrated by people known to clients or by strangers, and can occur at any time or place. Examples; Physical Abuse Hitting, smacking, biting, kicking, pulling limbs, hair or ears. Bending back fingers, bending an arm up behind the back. Dragging, carrying or pushing people who do not want to be moved unless involuntary relocation is part of a behaviour management plan.

Physical restraint.

Threat of violence. Restraints and restricted practices Restraining or isolating an adult for reasons other than medical necessity or in the absence of a less restrictive alternative to prevent self-harm. This may include the use of chemical or physical means or the denial of basic human rights or choices such as religious freedom, freedom of association, access to property or resources or freedom of movement. These practices are not considered to be abuse if they are applied under a restricted practice authorisation.

Examples Restraints;

The use of social isolation (ignoring a client) when it is not a designated behaviour management strategy. and restricted Putting a client into a room with the door locked. Practices Locking a client in a room all night. Using other clients to provide physical control over a client. Expulsion for masturbating. Excessive chemical restraint - use of medication without proper authorisation or consent. Forcing clients to eat food they do not want to eat.

Sexual assault

any sexual activity with an adult who lacks the capacity to give or withhold consent, or is threatened, coerced or forced to engage in sexual behaviour. It includes non-consensual sexual contact, language or exploitative behaviour and can take the form of rape, indecent assault, sexual harassment or sexual interference in any form.

Note: This type of abuse may be instigated by any person, against any other person of any age and of either gender. Examples Anal or vaginal intercourse without consent. Sexual Fingers or object inserted into vagina or anus without consent. Assault Cunnilingus or fellatio without consent. Masturbation of another person without consent. Non-consensual touching of breasts or genitals. Indecent exposure. Masturbation by a person in the presence of the victim. Voyeurism. Displaying pornographic photography or literature. Sexual harassment, including lewd or suggestive comments, teasing or insults with sexual connotations.

Emotional abuse

Includes verbal assaults, threats of maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge that person's existence. This may also include denying

cultural or religious needs and preferences. Note: Although any person may initiate emotional abuse towards a client it is likely to come from persons who associate with clients regularly. The sources could be primary carers, family, friends, other clients or other service providers.

Examples;

- Psychological - humiliating a client for losing control of their bladder or bowel.
- Emotional abuse - treating clients in ways that deny them their dignity Preventing clients from expressing themselves out of fear of retaliation.
- Denying cultural needs - such as serving pork to Jewish or Muslim clients. Shouting orders to clients using humiliating names when speaking to a client

Financial abuse

The improper use of another person's assets or the use or withholding of another person's resources.

Note: Possible sources of financial abuse are carers, families or guardians who act formally or informally as financial managers and have access to or responsibility for clients' finances and property.

Examples;

- Denying clients' access to or control over their money when they have a demonstrated capacity to manage their own Finances.
- Denying a client access to information about their personal finances.
- Taking a client's money or other property without their consent (which is likely to also constitute a criminal offence).
- Forced changes to wills or other legal documents. Using a client's belongings for personal use.

Systemic abuse

Failure to recognise, provide or attempt to provide adequate or appropriate services, including services that are appropriate to that person's age, gender, culture, needs or preferences. Note: Service providers and carers are the likely sources of systemic abuse.

Examples;

- Clients are denied the option to make decisions affecting their lives.
- Person Centred Plans are not implemented.

RECOGNISING SIGNS THAT MAY BE INDICATORS OF ABUSE

Staff and management play an important role in protecting clients from further harm by recognising the indicators of abuse and responding to them. The presence of one or more indicators does not

mean that abuse has occurred but does require staff to be vigilant on the client's behalf. Indicators of abuse are not always obvious, and while clients or others may suspect that abuse has occurred there might not be any evidence to confirm the suspicion. Indicators are variable, and people who are familiar with clients and have a strong positive relationship with them are best placed to recognise behavioural changes that may suggest a client is being abused.

Indicators of abuse including Assault and Neglect, Physical Abuse, Physical Indicator, Behavioural Signs

- Facial, head and neck bruising or injuries.
- Drowsiness, vomiting, fits (associated with head injuries).
- Unexplained or poorly explained injury.
- Other bruising and marks may suggest the shape of the object that caused it.
- Bite marks or scratches.
- Unexplained burns or scalds.
- Unexplained fractures, dislocations, sprains.
- Explanation inconsistent with the injury; explanation varies. • Avoidance or fearfulness of a particular person or staff member.
- Sleep disturbance (e.g. nightmares; bed wetting).
- Changes in behaviour: out of character
- Aggression; withdrawal; excessive compliance. Neglect
- Hunger and weight loss.
- Poor hygiene.
- Poor hair texture.
- Inappropriate or inadequate clothing for climatic conditions.
- Inappropriate or inadequate shelter or accommodation.
- Unattended physical problems or medical needs.
- Health or dietary practices that endanger health or development.
- Social isolation.
- Requesting, begging, scavenging or stealing food.
- Constant fatigue, listlessness or falling asleep.
- Direct or indirect disclosure.
- Extreme longing for company.
- Anxiety about being alone or abandoned.
- Displaying inappropriate or excessive self-comforting behaviours.

Sexual abuse Physical Indicators Behavioural Signs

- Direct or indirect disclosure.
- Sexual act described by client.
- Trauma to the breasts, buttocks, lower abdomen or thighs.
- Difficulty in walking or sitting.
- Injuries (e.g. tears or bruising), pain or itching to genitalia, anus or perineal region.
- Torn, stained or blood stained underwear or bedclothes.
- Sexually transmitted diseases.

- Unexplained accumulation of money or gifts.
- Pregnancy.
- Repeat use of words e.g. “bad”, “dirty”;
- Self-destructive behaviour, self-mutilation.
- Sudden changes in behaviour or temperament, e.g. depression, anxiety attacks (crying, sweating, trembling), withdrawal, agitation, anger, violence, absconding, seeking comfort and security.
- Inappropriate advances to others.
- Sleep disturbances, refusing to go to bed, going to bed fully clothed.
- Eating disorders.
- Refusing to shower or constant showering.
- Changes in social patterns, refusing to attend usual places (work, respite).
- Excessive compliance. Psychological or emotional abuse
- Speech disorders.
- Weight loss or gain.
- Feelings of worthlessness about life and self; extreme low self-esteem self-abuse or self-destructive behaviour.
- Extreme attention seeking behaviour and other behavioural disorders (e.g.; disruptiveness, aggressiveness, bullying).
- Excessive compliance.
- Depression, withdrawal, crying.

Financial abuse

- Restricted access to or no control over personal funds or bank accounts.
- No records or incomplete records kept of expenditure and purchases.
- Missing money, valuables or property.
- Forced changes to wills or other legal documents.
- Stealing from others.
- Borrowing money.
- Begging.

REFERENCES

Forms	Client Incident Report Form Client Complaint Form Staff Grievance Complaint Form
References & Work Instructions	
Relevant Policies	
Relevant Standards	DHHS Standards: QIP Standards:
Contact Person	Nigel Head (Owner/Partner) – 0481056715 Michelle Scarlett (Owner/Partner) – 0481066538

APPROVAL AND REVISION HISTORY

FORM No	Approved/Amended/Rescinded	Date	Name	Position
G0001	Approved	23/2/18	Keith Rose	Committee President
G0001	Amended	31/7/18	Nigel Head	Partner