Family &
Community
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Abuse and Neglect Prevention Guidelines

Summary: The Abuse and Neglect Prevention Guidelines provide paid and unpaid workers of ADHC operated and funded non-government disability support services, with information and resources to prevent abuse and neglect from occurring and strategies to intervene early when abuse or neglect is suspected.

Abuse and Neglect Prevention Guidelines

Document name	Abuse and Neglect Prevention Guidelines
Policy	Abuse and Neglect
Version number	1.0
Approval date	January 2016
Policy manual	Safeguarding Policy and Practice Manual
Approved by	Deputy Secretary, ADHC
Summary	The Abuse and Neglect Prevention Guidelines provide paid and unpaid workers of ADHC operated and funded non-government disability support services, with information and resources to prevent abuse and neglect from occurring and strategies to intervene early when abuse or neglect is suspected.
Replaces document	New Prevention Guidelines
Authoring unit	Contemporary Residential Options
Applies to	People who are being supported in ADHC operated and funded non-government disability support services.
Review date	2017

Version control

The first and final version of a document is version 1.0.

The subsequent final version of the first revision of a document becomes version 1.1.

Each subsequent revision of the final document increases by 0.1, for example version 1.2, version 1.3 etc.

Revision history

Version	Amendment date	Amendment notes
V1.0	January 2016	The Prevention Guidelines are one of three documents (Policy, Procedures, and Prevention Guidelines) that replace the Abuse and Neglect Policy and Procedures December 2014.

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1   Purpose

The Abuse and Neglect Prevention Guidelines (the Prevention Guidelines) is a guide for paid and unpaid workers of ADHC operated and funded non-government disability support services. It provides information and resources to prevent abuse and neglect from occurring and strategies for early intervention when abuse or neglect is suspected.

The types and definitions of abuse and neglect are outlined in the Abuse and Neglect Policy. Response procedures to abuse and neglect are discussed in the Abuse and Neglect Procedures. It is important to read the Guidelines in conjunction with the Policy and Procedures.

2   Zero Tolerance Framework

The Prevention Guidelines are written in the context of the National Disability Services (NDS) Zero Tolerance Framework (the Framework) which aims to provide disability services with practical support, tools and resources to improve prevention, early intervention and responses to abuse and neglect[1].

The Framework has five layers (Diagram 1). In each of the following sections, each layer is discussed and good practice guidelines provided which are relevant to the support provided by ADHC operated and funded non-government disability support services.

Diagram 1: The Zero Tolerance Framework

Understanding abuse and neglect	Understanding types of abuse, neglect and violence; prevalence and risk factors

Primary Prevention	Promoting practices and safeguards which prevent abuse and neglect

Targeted Prevention	Identifying and addressing risk factors and vulnerable groups

Secondary Prevention	Responding to incidents and allegations of abuse and neglect

Tertiary Prevention	Identifying and addressing underlying causes and systemic issues

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[1] NDS Zero Tolerance Framework

2.1 Understanding abuse and neglect

Knowing the types of abuse, neglect, and risk factors is important in preventing abuse and neglect. A clear understanding of the person's rights, what constitutes abuse and neglect and how to respond, by the person and their support network, will greatly reduce the person's exposure to abuse and neglect.

2.1.1 Incidents of abuse and neglect and risk factors

Abuse and neglect involves a person or a group of people exercising power and control over another. Abuse and neglect can occur as an isolated incident or be ongoing over a period of time. It can be intentional or unintentional, subtle involving coercion and deceit, or it can be explosive and violent.

In comparison to the general population, people with disability are more likely to experience abuse and neglect[2]. The abuse and neglect is more likely to be severe in impact, to involve multiple incidents, to be sustained over a long period of time and to involve multiple perpetrators[3].

There are additional risk factors for people with disability that are not present in the general population. For instance, people with disability are more likely to experience abuse and neglect due to:

- the unique environments where people live, work and socialise such as group homes, hostels, institutions, boarding houses, day programs and sheltered workshops

- a dependency on others to meet physical and intimate support needs

- an inability to express to others that abuse and neglect is occurring due to cognitive, communication and/or sensory impairment

- being dependent on one person or service to provide all supports

- being isolated from family, advocacy and community connections

- having limited community participation due to transport costs and the availability of appropriate transport facilities.

People with disability are more likely to experience abuse and neglect by someone they know, either a family member, paid support worker or another person with disability[4]. The potential sources of abuse and neglect are provided in the following table.

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[2] Violence against women with disabilities – An overview of the literature. Women with Disabilities Australia.

[3] Abuse Prevention Strategies in Specialist Disability Services. Commonwealth Department of Family and Community Services.

[4] Learning from Complaints – Occasional Paper No.1 Safeguarding People's Rights to be Free from Abuse – Key considerations for preventing and responding to alleged staff to client abuse in disability services, Disability Services Commission Victoria.

Table 1: Potential sources of abuse and neglect

Direct support staff	Have the greatest opportunity because they have extended periods of one to one contact with the person, are the providers of many of the necessities of life and assist with intimate activities such as bathing and hygiene. They may also have access to the person's money.
Other support workers	Have regular opportunities for unsupervised contact with people with disability and their property. They may also have access to the person's money.
Management decisions	Management decision can intentionally and unintentionally restrict a person's access to services, freedom of movement and expression, choice and control over matters of daily living.
Other people with disability	Are in regular and close contact with people with disability, some of whom may have diminished responsibility due to their own disability.
Visitors	Have opportunities to spend time with individuals and build relationships based on trust that can later be violated.
Family	Can spend extended periods of time with the person on their own, or away from staff and other people with disability, and 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 the person and can approve the use of the person's finances.
Other Service providers	May have regular contact with the person away from carers and family and are in positions of trust.
Strangers	Whenever the person is unsupervised or away from their usual environment they may be at risk of abuse and neglect from strangers.

2.1.2 Recognising warning signs

Support workers and management play an important role in protecting a person with disability from further harm by recognising the indicators of abuse and neglect and responding to them. The presence of one or more indicators does not mean that abuse and neglect has occurred but does require support workers to be vigilant on the person's behalf.

Indicators of abuse and neglect are not always obvious, and while the person or others may suspect that abuse and neglect has occurred there might not be any evidence to confirm the suspicion. Indicators are variable, and people

who are familiar and have a strong positive relationship with the person, are best placed to recognise behavioural changes that may suggest abuse and neglect is occurring (refer to section 6 of the Abuse and Neglect Policy for behavioural indicators and physical signs of abuse and neglect).

2.1.3 Good practice guidelines

Understanding abuse and neglect	Understanding types of abuse, neglect and violence; prevalence and risk factors
Educate the person, their families and support workers on the **right of the person** to live a life free from harm as outlined in the *Disability Inclusion Act 2014,* the UN Convention of the Rights of Persons with Disabilities and ADHC's Standards in Action.	
Provide people with disability with **information and access to resources** in a **format suitable** to their communication style. Use the Lifestyle Planning tools: What Am I Communicating To You, Communication Profile and Communication Chart to facilitate this.	
Discuss the person's relationships at the annual **Lifestyle Planning** meeting. Discuss with the person if they would like to extend their social and support network. Use Lifestyle Planning tools to facilitate this such as the Relationship Map, History Map, Matching Tool and Presence to Contribution.	
Provide resources and training to the person on what a **healthy relationship** looks like. Read and discuss the Sexuality and Relationship Guidelines with the person and their family. Engage the person with services provided by Family Planning NSW (see Other Resources).	
Ensure the person has a current My Safety Plan[5] which addresses **risk factors** relating to abuse and neglect.	
Provide copies of fact sheets, complaints processes and the **National Disability Abuse Hotline** number **(1800 880 052)** to people and their families on an annual basis.	
Provide **training to support workers and managers** on abuse and neglect so that they have the information and skills to respond quickly when risk factors are identified and abuse and neglect is suspected.	
Include abuse and neglect as a **standard agenda item** at team meetings to discuss, identify and respond to risk factors. Refer to Table 2 of the Abuse and Neglect Policy for the types, behavioural indicators and physical signs of abuse and neglect. Use the information in this table to prompt and facilitate discussion at team meetings.	
Engage with **marginalised groups** such Aboriginal and Torres Strait Islanders, culturally and linguistically diverse groups, women's and lesbian,	

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[5] Refer to the ADHC Risk and Safety Policy and Procedures 2015

Understanding abuse and neglect	Understanding types of abuse, neglect and violence; prevalence and risk factors
gay, bisexual, transsexual, intersex or queer (LGBTIQ) groups to gain a better understanding of local needs and priorities and to help facilitate access to culturally appropriate resources and services.	

If culturally appropriate resources are not available, encourage the person to access mainstream services.

2.2 Primary prevention: Practices and safeguards

Primary prevention relates to practices and safeguards which value and uphold the rights of people with disability to live a life free from harm. Primary prevention acknowledges that people who have greater control and ownership of their life are more likely to be able to maintain their own safety[6]. Primary prevention requires a multi-layered approach which takes into account the person, organisational structure and community perceptions of disability and abuse and neglect.

2.2.1 Community safeguards and practices

At the community level, primary prevention involves promoting at every opportunity the valued status of people with disability and their right to be active members of the community. This may involve addressing community attitudes which reinforce abuse and negative stereotypes of disability.

Practices at the community level include facilitating meaningful community connections to prevent isolation, engaging and involving the person's family, fostering fulfilling relationships and natural supports, and ensuring access to advocacy when the person has no family or is unable to advocate for themselves.

For people living in institutions or group accommodation, external statutory bodies such as the NSW Ombudsman and Community Visitor program play a vital role in monitoring the quality of services and safeguarding the interests of people with disability[7].

2.2.2 Organisational culture and practices

Embedding person centred approaches into organisational policy and practice is a fundamental safeguard to preventing abuse and neglect. Person centred approaches mean putting the person at the centre of all decision making and discussion. These approaches also promote positive attitudes and relationships between the person, their family and support staff.

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[6] NDS Zero Tolerance Framework

[7] Learning from Complaints – Occasional Paper No.1 Safeguarding People's Rights to be Free from Abuse – Key considerations for preventing and responding to alleged staff to client abuse in disability services, Disability Services Commission Victoria.

The protection of people and prevention of harm will be enhanced by an organisational culture that provides the person with opportunities to express their needs and preferences. A healthy organisational culture also actively supports the person and staff to raise concerns about service delivery without fear of reprisal.

Effective prevention strategies include recruitment screening processes to protect people from exposure to individuals who have a history of harming vulnerable people. By adequately screening new recruits, organisations can maximise their chances of employing suitable individuals to work with people with disability from the start.

The *Disability Inclusion Act 2014* requires Family and Community Services (FACS) and FACS funded non-government disability support service providers to perform certain checks when employing or appointing a person to work with people with disability. These include the:

- National Criminal Record Check for "relevant workers" employed by FACS to provide disability supports and services directly to people with disability in a way that involves face to face or physical contact[8]

- Working with Children Check for new and existing paid and unpaid workers engaged in child-related work in accordance with the *Child Protection (Working with Children) Act 2012* and the *Child Protection (Working with Children) Regulation 2013*.

Refer to *Disability Inclusion Act 2014* FACS Fact Sheet 49 and the FACS Working with Children Check Policy 2015 for further information.

Provide clear expectations of staff behaviour towards people with disability during orientation sessions. This can aid in the prevention of abuse and neglect by increasing support workers' ability to recognise early signs of abuse and neglect, and to respond accordingly. Position descriptions which clearly outline the expectations of professional behaviour are crucial, as is regular training to reinforce appropriate behaviour and how to respond when abuse and neglect is suspected.

2.2.3 Empowering the person

At the individual level, primary prevention empowers the person to self-protect and communicate to others when abuse and neglect has occurred. Strategies include activities which develop the person's self confidence, positive self image and assertive communication skills.

Understanding and addressing the barriers to people reporting abuse and neglect are important in identifying the practice and safeguards needed to prevent abuse. Barriers to reporting abuse and neglect are provided in Table 2.

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[8] FACS Employment Screening Policy

[9] http://www.adhc.nsw.gov.au/about_us/legislation_agreements_partnerships/nsw_disability_inclusion_act

Table 2: Barriers to reporting abuse and neglect [10]

Limited education and training opportunities	The person may have limited access to education and training opportunities to understand their rights, recognise abuse and neglect when it occurs and respond accordingly.
Isolation	The person may have limited social and support networks which prevents opportunities to discuss and disclose abuse and neglect to others.
Fear	The person may not report abuse and neglect as there is a fear of reprisal. The victim may fear further violence if they disclose the abuse and neglect to others including threats involving the safety of loved ones. The person may have a reputation with authorities like the NSW Police and fear they will not be believed if they report the abuse and neglect. The victim may fear the consequence of reporting the abuse and neglect. For instance the victim may depend on or have a perceived dependence on the perpetrator, and fear the loss of support. The victim may fear the shame and embarrassment the abuse and neglect creates on the reputation of the family.
Person's history	The person's history and circumstances will influence whether the person is at risk of becoming a victim or a perpetrator of abuse and neglect. For instance the person may have experienced abuse and neglect as a child and therefore have a distorted view of a safe and healthy relationship. Reports of abuse and neglect may have been discounted when the person disclosed abuse and neglect to others in the past.
Language and communication	The victim may rely on augmented or alternative communication strategies which unintentionally limit the person's vocabulary to describe and report abuse and neglect when it occurs. For instance key words such as 'genitals', 'rape' or 'assault' may be absent from the person's vocabulary.
Views of disability and sexuality	The person may have a lack of basic knowledge about sexuality and therefore not know what is or may be assault. People with disability are often believed to be

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[10] Responding to young people disclosing sexual assault: A resource for schools. ACSSA Wrap No.6

	asexual or childlike and therefore sexuality is not openly discussed.
	Discussion about sex may be discouraged in some environments such as the family home or group accommodation. This means the person may not have the opportunity to talk about what is happening to them.
Access to mainstream supports	Mainstream supports may not cater for a person with disability. For instance women's refuges may not have staff trained to support a person with disability.
	Victim's services may only be available to women and not suitable or accessible to men who are victims of abuse and neglect.

2.2.4 Good practice guidelines

Primary Prevention	Promoting practices and safeguards which prevent abuse and neglect
Embed **person centred approaches** in to organisational policy and practices which are informed by national and international best practice.	
Promote **community inclusion and social participation.** This includes promoting the **valued status** of people with disability at every level of the organisation and within the wider community.	
Foster an organisational culture from the top down which supports **respectful attitudes and relationships** between staff, the person and their family.	
Ensure **recruitment practices** are in line with requirements of the *Disability Inclusion Act 2014.* During the recruitment process, focus on the values, attitudes and personal attributes of applicants to ensure they are in line with organisational values and person centred approaches to service delivery[11].	
Implement **clear internal feedback mechanisms** which provide the person and their family with opportunities to communicate what is and isn't working. This includes formal mechanisms such as complaints policies and procedures and informal mechanisms such as regular family meetings with frontline managers.	
Ensure **external safeguards are in place** to oversee the quality of services by engaging with the Community Visitor, advocates and the NSW Ombudsman. Inform the person and their family that they can request a visit from a	

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[11] Learning from Complaints – Occasional Paper No.1 Safeguarding People's Rights to be Free from Abuse – Key considerations for preventing and responding to alleged staff to client abuse in disability services, Disability Services Commission Victoria.

Primary Prevention	Promoting practices and safeguards which prevent abuse and neglect
Community Visitor.	
Address the barriers that prevent the person and support staff from identifying and reporting abuse and neglect (see Table 2).	
Educate the person, their families and support workers on the **right of the person** to live a life free from harm as outlined in the *Disability Inclusion Act* 2014, the UN Convention of the Rights of Persons with Disabilities and the Standards of Action.	
Always provide information to the person in a format suitable to their **communication style**.	
Ensure the person has a meaningful **Lifestyle Plan** in place which addresses social participation and how they can achieve genuine connection with the community. Use Lifestyle Planning tools to facilitate this such as the Relationship Map, Important To/For, Presence to Contribution, Working/Not Working.	
Where possible, give the person the opportunity to **control their services** and decide who they want in their network of support.	
Provide **information and clear pathways** to access resources which promote healthy relationships and the expression of the person's sexuality. Read and discuss the Sexuality and Relationship Guidelines with the person. Engage the person with services provided by Family Planning NSW (see Other Resources).	
Value and support the **informal relationships** in a person's life as people are more likely to be safe when they are surrounded by enduring and genuine relationships with those who love and care for them.	
Provide information and resources which develop the person's ability to **self protect**. Follow through with skill development by regularly practicing self protection skills with the person. Use the 'Looking After Me' Resource kit to educate people with disability about healthy relationships (refer to Other Resources).	
Ensure staff read and understand key internal safeguarding policies such as the **FACS Code of Ethical Conduct, Client Finances Policy and Procedures 2010** and the **Fraud and Corruption Prevention Policy 2010**.	
Facilitate annual **training for staff and managers** on rights based legislation, policies, procedures and issues associated with abuse and neglect of people with disability such as, how to recognise abuse and neglect and respond.	
Provide monthly staff supervision which promotes reflective practice, skill development and continuous improvement of services.	

2.3 Targeted prevention: Vulnerable groups

Targeted prevention involves the use of strategies to target groups within the community at greater risk of being the victims of abuse and neglect including:

- People with disability
- Women
- Children
- Aboriginal and Torres Strait Islanders
- People from cultural and linguistically diverse backgrounds.

People with a sensory impairment are at greater risk of abuse and neglect as their ability to communicate may be limited or not understood by others. The person may not have the language to describe and report the abuse and neglect. When communication support strategies are absent or not understood by others, the person may communicate with their behaviour.

Behaviours of concern (previously referred to as challenging behaviour) as a form of communication can result from the person's inability to be understood. People who display behaviours of concern are at risk of abuse and neglect as responses to manage the behavior may be unlawful, unethical and prohibited (prohibited practices[12]). The use of prohibited practices can be due to poor organisational culture, inadequate staffing levels and supervision of staff, the absence of staff training, poor attitudes towards the person and poor understanding of the disability[13]. Refer to the Behaviour Support Policy and Practice Manuals 2012 for details on the appropriate provision of behavior support.

The physical and sexual abuse and neglect 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[14].

Refer to section 2.1.1 for risk factors that expose people with disability to greater levels of abuse and neglect.

Domestic violence is often thought to occur between a person and an intimate partner however it also includes the abuse and neglect of a person by another resident(s), professional, paid or unpaid worker, family or friend in domestic situations such as institutions, hostels and group homes[15].

Women and children are the main victims of domestic and family violence. Significantly, Aboriginal and Torres Strait Islander women are subjected to

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[12] Practices such as physical and chemical restraint, aversive strategies, denied access to basic needs and supports

[13] Evidence-based guidelines to reduce the need for restrictive practices in the disability sector. The Australian Psychological Society

[14] Understanding Violence Facts and Figures. Our Watch ltd.

[15] Domestic violence fact sheet. Women's Health NSW

family violence at a rate six times higher than that of non-Aboriginal women[16]. The prevalence of domestic violence in the community is thought to be much greater as most incidents of abuse and neglect are not reported[17].

Social disadvantage plays a significant part in increasing the risk of abuse and neglect amongst vulnerable groups in the community. Some of the reasons for this are provided in Table 3.

Table 3: Risk factors of vulnerable groups

Gender inequality	Women are the main victims of violence. The reason for this is complex and involves a power imbalance between males and females which is reinforced by political, cultural, social and economic systems[18]. Significantly, it is estimated that 90% of women with disability have been subjected to sexual abuse[19].
Sexuality	The types of domestic and family violence for people who identify as lesbian, gay, bisexual, transsexual, intersex or queer (LGBTIQ) is similar to that of the heterosexual community. The rate at which it occurs however is unclear. This is partly due to traditional views that abuse and neglect occurs only within heterosexual relationships and a lack of acknowledgement, understanding and response by government[20].
Historical events and cultural experiences	Historical events and experiences which stem from government policy and practice has created significant disadvantage for certain groups in the community. For instance assimilation policies such as the forced removed of Aboriginal children from their families have led to significant social disadvantage of Aboriginal communities. Aboriginal people have lower socio-economic outcomes, high rates of homelessness, significantly poorer health outcomes, and are over-represented in the criminal justice, welfare and child protection systems[21]. Migrants who have fled their country due to war and persecution bring with them experiences of trauma. This can impact on parents providing children with appropriate care and consequently an

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[16] Women in NSW 2013 Safety and justice snapshot. Fact sheet July 2013. Family and Community Services

[17] Women in NSW 2014 report. Chapter 6 Safety and justice. Family and Community Services

[18] Domestic violence fact sheet. Women's Health NSW

[19] 'Double the Odds' – Domestic Violence and Women with Disabilities. Women with Disabilities Australia.

[20] Groups and communities at risk of domestic and family violence: A review and evaluation. Australian Institute of Family Studies

[21] Working with Aboriginal Communities. A Practice Guide. NSW Department of Community Services

	over representation of culturally and linguistically diverse groups in the child protection system[22].
Customs and beliefs	Customs and beliefs amongst certain cultures can perpetuate the abuse and neglect of women and children. For instance forced marriage, child brides and genital mutilation of children for cultural and religious reasons.
Geographic isolation	Women from remote, rural and regional locations are at greater risk of violence as the involvement and responsiveness of NSW Police, access to health services, legal resources, women's refuges and vacancies in alternate supported accommodation[23] is limited, or in some cases, may be non-existent[24].
Childhood trauma	Children and young people are particularly vulnerable to abuse and neglect, especially those with disability. Children or young people with disability may be dependent on people other than parents for support, which can increase their vulnerability to abuse and neglect. This situation is worsened when they are unable to communicate that abuse or neglect is occurring, either verbally or through their behaviour. Abuse and neglect can have long term damaging effects on children and young people. An example is domestic and family violence, as it affects emotional, social and physical development, and life outcomes in adulthood. Domestic violence in the home is a strong indicator that other types of abuse and neglect are also occurring[25]. Children who have experienced and/or witnessed domestic family violence are also at risk of becoming perpetuators in intimate relationships later on in life[26].

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[22] Culturally appropriate service provision for culturally and linguistically diverse children and families in the New South Wales child protection system. NSW Department of Community Services

[23]

http://www.adhc.nsw.gov.au/__data/assets/file/0019/228043/Allocation_of_Places_in_Supported_Accommodation_Policy_and_Procedures_Dec2011.pdf

[24] Groups and communities at risk of domestic and family violence: A review and evaluation. Australian Institute of Family Studies

[25] An assault on our future: The impact of violence on young people and their relationships. White Ribbon Foundation.

[26] ASCA Response to: Consultation Paper on the Establishment of the Royal Commission into Institutional Responses to Child Sexual Abuse. Adults Surviving Child Abuse.

2.3.1 Good practice guidelines

Targeted Prevention	Identifying and addressing risk factors and vulnerable groups
Assist people with disability to build and exercise their capacities to prevent, identify, and manage violence, abuse and neglect through **training, education and skill development**. For instance use the 'Looking After Me' Resource kit to educate people with disability on domestic violence and healthy relationships (refer to Other Resources).	
Assess the person's capacity to make decisions and provide **consent**. Discuss the Decision Making and Consent Policy with the person and their support network and identify situations where alternate decision makers are required. Use the Department of Justice **Capacity Toolkit** to assess the person's capacity to make decisions (see Other Resources). There may be situations were a professional is needed to assess the person's capacity, rather than support staff. For instance, if the person exhibits sexual behaviours of concern and / or a person's capacity to consent is in doubt. Support from a behaviour specialist should be sought immediately. Refer to the **Sexuality and Relationship Guidelines** in the Lifestyle Planning Policy and Practice Manual for further information.	
Ensure the specific support needs of the person are assessed and clearly understood and followed by staff to prevent abuse or neglect. For instance if a person's health and wellbeing plan is not implemented by staff, this can be viewed as systems abuse and neglect.	
Facilitate access to **specialist support services** if the person has complex health and wellbeing needs so that tailored support strategies can be developed.	
For people with **complex communication needs**, ensure they have a current communication assessment and augmentative and alternate communication strategies, and supports in place. If required this includes the development and implementation of a comprehensive **behaviour support plan** by an appropriate clinician (refer to ADHC Behaviour Support Policy and Practice Manuals).	
A Behaviour Support Plan should include **person-centre approaches** which build on the strengths and skills of the person.	
If a **Restricted Practice** is prescribed to manage the person's behaviour, ensure it is closely monitored to safeguard against potential abuse and neglect. The Restricted Practice should also be replaced with a less restrictive strategy as soon as possible[27] (refer to ADHC Behaviour Support Policy and Practice Manual).	
Seek to understand the reasons for the person's behaviour especially if it is unusual for the person. **Behaviours of concern may indicate** that	

[27] ADHC Behaviour Support Policy and Practice Manual Part 1: Policy and Practice

Targeted Prevention	Identifying and addressing risk factors and vulnerable groups
something out of the ordinary is happening to the person including abuse and neglect.	
Provide appropriate **training and education** to staff and managers who support people with complex communication needs such as: - Inclusive Communication and Behaviour Support (ICABS) - Professional Assault Response Training - Non-Violent Crisis Intervention training - Positive Behavioural Support - Disability specific education - Cultural awareness and competency training - Sexuality and relationships training	
Ensure the person has a current My Safety Plan[28] in place which addresses **risk factors** relating to abuse and neglect.	
Encourage staff, the person and their family to access and utilise **communication resource libraries** set up in some FACS District offices.	
Support women to access services offered at local **Women's Health Centres.** Services include preventative health care, community education and development, advocacy and empowerment. For women experiencing **domestic and family violence**, support the person to access gender sensitive specialist services and support groups which target different socio-economic, educational and cultural groups[29]	
Support individuals identifying as lesbian, gay, bisexual, transgender, intersex or queer (**LGBTIQ**) to access support services specialising in the needs of this group.	
Ensure that staff who support children are trained and have a clear understanding of **Mandatory Reporter Guidelines** and how to promptly respond to suspected abuse and neglect of children. Refer to the FACS Child Protection Guidelines: What ADHC staff need to know about child protection, May 2014.	
Engage with **marginalised groups** to gain a better understanding of local needs and priorities and to help facilitate access to appropriate resources.	
Gain an understanding of the **history, experiences and customs** of the person and their community especially if they are Aboriginal or have migrated from another country. An insight in to a person's background can help inform what strategies are needed to support the person appropriately. Refer to the Abuse and Neglect Procedures for important information on Aboriginal cultural considerations and culturally and linguistically diverse	

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[28] Refer to the ADHC Risk and Safety Policy and Procedures 2015
[29] Domestic violence fact sheet. Women's Health NSW

Targeted Prevention	Identifying and addressing risk factors and vulnerable groups
groups.	
Engage the use of interpreters and translators where they are needed for people of CALD backgrounds.	

2.4 Secondary prevention: Responding to abuse and neglect

2.4.1 Response procedures

Refer to the Abuse and Neglect Procedures for direction in responding to allegations and incidents of abuse and neglect.

The FACS Incident Reporting and Management Policy for people accessing Ageing and Disability Direct Services 2014 assists staff with decision making about how to report, manage and respond to incidents. The FACS Incident Reporting and Management Guidelines for people accessing Ageing and Disability Direct Services 2014 provide the process for reporting and managing incidents.

Refer to the Abuse and Neglect Other Resources section for useful contacts, complaints and victims' support information.

2.4.2 Supporting the person

How and when an allegation or incident of abuse and neglect is responded to will influence the person's welfare, pursuit of justice and recovery from abuse and neglect. Person centred organisations look at the broader impact of the incident on the person, not at whether the allegation or incident can be substantiated or tested in a court of law[30]. Acknowledging and addressing the impact on the person will influence their ability to recover from the incident.

Due to the prevalence of abuse and neglect of people with disability, people accessing accommodation supports are more likely to have experienced abuse and neglect at some point in their life (see section 2.1.1). The disclosure of abuse and neglect can occur immediately after the incident or it may take months, years or even decades to disclose.

Disclosing abuse and neglect can take considerable courage by the survivor and trust in the recipient of the information. The response the survivor receives can have a significant impact on recovery. It is crucial that the response is respectful, empathetic, validates the person's experience and prevents re-traumatisation[31].

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[30] Learning from Complaints – Occasional Paper No.1 Safeguarding People's Rights to be Free from Abuse – Key considerations for preventing and responding to alleged staff to client abuse in disability services, Disability Services Commission Victoria.

[31] ASCA Response to: Consultation Paper on the Establishment of the Royal Commission into Institutional Responses to Child Sexual Abuse. Adults Surviving Child Abuse.

Allowing the person to talk about the abuse and neglect is an essential part of recovery. Hearing the person's story however can trigger strong emotions for the person receiving the information. The listener will therefore need to balance the needs of the victim with their own health and wellbeing.

Staff must also be mindful that any information about the incident, that is disclosed by the victim and/or alleged offender, may interfere with preliminary investigations. For instance, staff must not ask the person leading questions relating to the incident or continue to ask questions once information relating to an allegation is clear. This is the role of NSW Police and the appropriate support services.

2.4.3 Good practice guidelines

Secondary Prevention	Responding to incidents and allegations of abuse and neglect
Ensure staff read and are familiar with **response procedures** outlined in: - Abuse and Neglect Procedures - FACS Incident Reporting and Management Policy and Guidelines for people accessing Ageing and Disability Direct Services 2014	
Where an **allegation is against a paid worker**, stop contact between that worker and the person with disability until the allegation has been fully resolved. Even where an allegation has not been proven, future contact between the worker and person concerned is avoided.	
Take each allegation **seriously**. Support the person by[32] 1. **Validating** the person's experience and acknowledging the impact of the allegation and/or incident on the person, their family and significant others. 2. **Listening** intently until the person has been 'heard'. Address any concerns they may have along the way. Keep emotions in check as strong reactions can prevent the person 'opening up' about the incident. 3. **Identifying** what is important to and for the person to inform what future actions are required. Don't provide advice unless it is asked for. 4. **Involving** the person as much as they can and want to be involved. 5. Keeping the person and their family or guardian fully **informed** of the progress of an investigation including what and why particular decisions were made. Provide information in a format the person can understand. 6. **Apologising** to the person and their family where appropriate.	
Arrange immediate **access to appropriate counselling or support** if the	

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[32] How should you respond when someone you love tells you they were abused as a child? Adults Surviving Child Abuse.

Secondary Prevention	Responding to incidents and allegations of abuse and neglect
person wishes this.	
Take a **case management response** to allegations and incidents of abuse and neglect to facilitate a coordinated cross agency approach.	
Encourage staff to seek support and counselling through the **Employee Assistance Program** on 1300 687 327.	
Analyse the incident and response measures and promptly make changes to policy and practices where needed.	
Ensure records relating to the incident are kept. Records should include actions and decisions that are accurate, factual and objective. Maintain the person's **dignity and right to privacy and confidentiality** by following approved records management procedures. For instance, securely store all records relating to a sensitive and confidential incident in TRIM, ensuring appropriate access restrictions (refer to the Records Management Procedures for Supported Accommodation Services 2015).	

2.5 Tertiary prevention: Systemic issues

Organisations need to be informed on the risks and prevalence of abuse and neglect. Tertiary prevention is aimed at the culture of a service and systemic issues which increase the risk of abuse and neglect occurring.

Practices and strategies in tertiary prevention focus on the recording, analysis and monitoring of data. This aids in identifying areas where continuous improvement in service delivery can occur. It includes identifying systemic weaknesses and failures such as the absence of formal procedures, and the presence of informal practices which sustain abuse and neglect[33].

Services can fail to protect people with disability in the following ways[34]:

- services do not inform and guide staff on how to protect people from abuse and neglect

- services are not aware of what constitutes abuse and neglect and certain behaviours and/or incidents are considered normal, for example the use of unauthorised restrictive practices

- staff are not aware of policy and procedures and do not have the skills to identify, report and support people with disability who are experiencing abuse and neglect

- services have unstable workforce for example high staff turnover, stress and high use of agency or casual staff

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[33] ASCA Response to: Consultation Paper on the Establishment of the Royal Commission into Institutional Responses to Child Sexual Abuse. Adults Surviving Child Abuse.

[34] Abuse Prevention Strategies in Specialist Disability Services. Commonwealth Department of Family and Community Services.

- complaints and incidents are not viewed as opportunities to learn and improve service delivery
- partnerships with statuary bodies and external support services are not pursued, resulting in organisations working in isolation.

2.5.1 Good practice guidelines

Tertiary Prevention	Identifying and addressing underlying causes and systemic issues
Have clear policies and procedures for recognising and responding to allegations. Ensure policies and practices are informed by national and international best practice legislation.	
Create an organisational culture that promotes and **supports disclosure** and allegations are always taken seriously, and responded to promptly.	
Identify and address underlying causes and systemic issues that can lead to abuse or neglect.	
Promote **community attitudes** that support peoples' rights to live a life free from abuse and neglect.	
Ensure **services are accessible** to the person and meet individual needs.	
Provide meaningful and accessible **sexuality and rights-based education** to people at risk. Engage the person with services provided by Family Planning NSW (see Other Resources).	
Support access to **advocacy** which is tailored to the person's communication needs.	
Provide **support and referral** to the person to access appropriate counselling and support services including specialist sexual assault services in the case of sexual abuse. Refer to Other Resources for contact details.	
Provide **support workers and managers with regular training** in responding to incidents of abuse and neglect, duty of care, bystander accountability and access to resources.	
Learn from incidents for **continuous quality improvement**. Be open to feedback from external agencies to improve on service delivery.	
Provide clear pathways for people and their families to make **complaints** about services. This includes internal and external pathways.	

3 Policy and Practice Unit contact details

You can get advice and support about this Policy from the Policy and Practice Unit, Contemporary Residential Options Directorate.

> Policy and Practice, Service Improvement
>
> Contemporary Residential Options Directorate
>
> ADHC
>
> policyandpracticefeedback@facs.nsw.gov.au

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