ABUSE AND NEGLECT POLICY AND PROCEDURES

PREVENTING ABUSE. Management at take reasonable steps to ensure that all workers understand and perform their roles in preventing abuse of clients by any person, including fellow co-workers. *Please see Appendix 2 for examples of Abuse/Neglect.*

IDENTIFYING ABUSE. We ensure our workers understand the behaviors or actions that constitute abuse. (as outlined in Appendix 2) Because we are working with people with disabilities, we train our workers to be able to recognize signs that may be indicators of abuse. We understand that people with challenging behaviors, and people who are non-verbal or who experience communications difficulties, may be more vulnerable to abuse.

REPORTING ABUSE. The procedures for reporting allegations or suspicions of client abuse are clearly articulated and include the responsibilities of all parties involved in the process. We encourage and support any person who has witnessed abuse of a client or clients, or suspects that abuse has occurred to make a report of abuse and be confident of doing so without fear of retaliation and in a supportive environment. All workers are aware of their responsibilities to report allegations of abuse in accordance with our these policies and procedures.

RESPONDING TO A REPORT OF ABUSE. Response is prompt, appropriate and in accordance with comprehensive documented procedures. The response should include appropriate reporting to the local authorities, management

When a victim is unable to give consent, the family, guardian or other support person are notified of the incident as soon as possible. If it is appropriate and the victim has given consent, the family or guardian of the victim, or other support person are informed of the allegation of abuse as soon as possible after the report is made.

All aspects of the incident are documented in accurate written accounts, including any follow up actions. All investigations will begin immediately by the Manager/Assistant Manager/Owner.

RESPONDING TO ABUSE OF A CLIENT BY A STAFF MEMBER. All incidents and allegations of abuse are documented and reported to a manager if the manager is involved in the abuse; the report should be made to the next line manager and/or owners of the facility. All reasonable steps are taken to ensure that the client is protected from further harm by preventing contact with the alleged offender.

RESPONDING TO ABUSE OF A CLIENT BY ANOTHER CLIENT. Workers

interactions between clients to avoid incidents of abuse and record in behavior management plans the triggers that may cause one client to harm another.

If behavior management strategies fail to prevent the abuse of one client by another, clients are protected from further harm. This may result in one of the clients being removed from the facility. A review of the circumstances pertaining to the event is conducted within a reasonable timeframe. Any behavior management strategies implemented by manager will be safe and respectful of the person and non-abusive. When the victim and offender are both clients they are equally entitled to support during the response process by an independent person.

RESPONSIBILITIES. The management of does not compromise any investigation by the Police, DADS and/or Adult Protective Services. Staff and witnesses shall cooperate with the investigations of the above mentioned agencies.

The roles and responsibilities of management, staff and volunteers in responding to a report or allegation of abuse are clearly documented.

REPORTING ABUSE

RESPONSE PROCEDURES

A report of abuse may be received from :

- A person with a disability using verbal or written communication or any other communication systems
- Another client, member of staff or any other person, who may witness abuse of a client and make a report; or
- A member of staff upon observing one or more indicators of abuse suspects that a client or clients have been or are being abused

<u>The following procedures must be followed when abuse of any sort towards a client is</u> <u>known or suspected.</u> To assist staff, the procedures described below for responding to <u>sexual and physical assault, and abuse or neglect.</u>

ABUSE BY A STAFF MEMBER

- If it is witnessed or suspected that a member of staff has abused (see Appendix 2 for examples) a client or clients, the manager/assistant manager must be informed immediately.
- If it is suspected that the manager is involved in the abuse the matter must be reported to the next level manager immediately.
- Where management reasonable believes that a member of staff is the source of the abuse of a client the matter must be thoroughly investigated and an action plan identified which could result in additional training of the worker or immediate termination of the worker. If it is reasonable believed that a crime has been committed, management will contact the local authorities to complete an

investigation.

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• If is it found that the reported abuse (see Appendix 2 for examples) may be a result of a training issue - that employee will be provided the needed training and placed on a 60 day probationary period.

EMERGENCY RESPONSE

- Staff who 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 a doctor or ambulance if the client or any other person is injured.
- Staff at the scene must immediately advise the line manager, or "on call" line manager of the incident.
- Staff a the scene or the line manager must report to the Police and if a client has been physically or sexually assaulted or dies as a result of an assault.

PROTECTING EVIDENCE

- Staff at the scene must use their best judgment to ensure that any evidence the Police may require in their investigation is not disturbed.
- Evidence may be lost if a victim of sexual assault bathes soon after the assault. Try and delay bathing until the Police arrive if the victim is not distressed by the delay.
- If possible, preserve the victim's clothes 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 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 MANAGER/ASSISTANT MANAGER ROLE

- The Manager/ AM should ensure that all emergency procedures have been followed and the appropriate emergency services have been called.
- The Manager/ AM 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 manager should make sure the appropriate person is notified of the incident as soon as possible and within 12 hours of the report being made.
- The manager/ AM is responsible for ensuring the documentation of the incident is completed and reports are forwarded to the appropriate levels of management.
- Prior to the investigation being completed, any staff member who is reasonably suspected of abusing a client must not be permitted to have any unsupervised contact with the client, and may be immediately transferred to alternative duties following the allegation and until the matter is resolved.

- If it is found that a staff member has abused a client, the matter may warrant immediate dismissal of the staff member.
- If it is found that another staff member was aware of the abuse and did not report it to management, the staff member that did not report the incident(s) may, also, be dismissed.

ABUSE BY ANOTHER CLIENT

- When one client is 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 decision 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 Manager 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 manager will notify the appropriate persons of the incident as soon as possible and within 12 hours of the report being made.
- The manager 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 manager reasonably believes that an incident between two clients is abuse or assault the matter must be reported to the police immediately.
- If a worker reports the offender who is a client to the police station to provide support, the worker 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.

PAST INCIDENTS OF ABUSE

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

COMMUNICATION

- Information being relayed to the victim must be provided in a form that is understandable to the victim.
- 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.

PRIVACY AND CONFIDENTIALITY

• 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.

RECORD KEEPING

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- It is imperative that comprehensive and accurate documentation is 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.
- Records must be stored securely and only accessed by persons with a legitimate reason for viewing any documents.

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

5.2.1.3 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	Hitting, smacking, biting, kicking, pulling limbs, hair or ears Bending back fingers, bending an arm up behind the back
abuse	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

5.2.1.4 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.

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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

5.2.1.5 Sexual assault

Any sexual contact between an adult and child 16 years of age and younger, or 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

5.2.1.6 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.

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Examples

Psychological or emotional abuse	Humiliating a client for losing control of their bladder or bowel or about other private matters
	Treating clients in ways that deny them their dignity
	Preventing clients from expressing themselves out of fear of retaliation
	Discouraging personalisation of rooms or clothing
	Limiting social freedom available to clients
	Denying cultural needs, such as serving pork to Jewish or Muslim clients
	Shouting orders to clients
	Using humiliating names when speaking to a client

5.2.1.7 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

Financial abuse	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

5.2.1.8 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

Systemic abuse	Relevant policies and procedures are not implemented Clients are denied the option to make decisions affecting their lives
	Health care and lifestyle plans are not implemented