



**Government of South Australia**  
Department of Human Services

# **Accommodation Services**

## **Zero Tolerance to Abuse and Neglect of People with Disability Strategy**



## Approval

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## Introduction

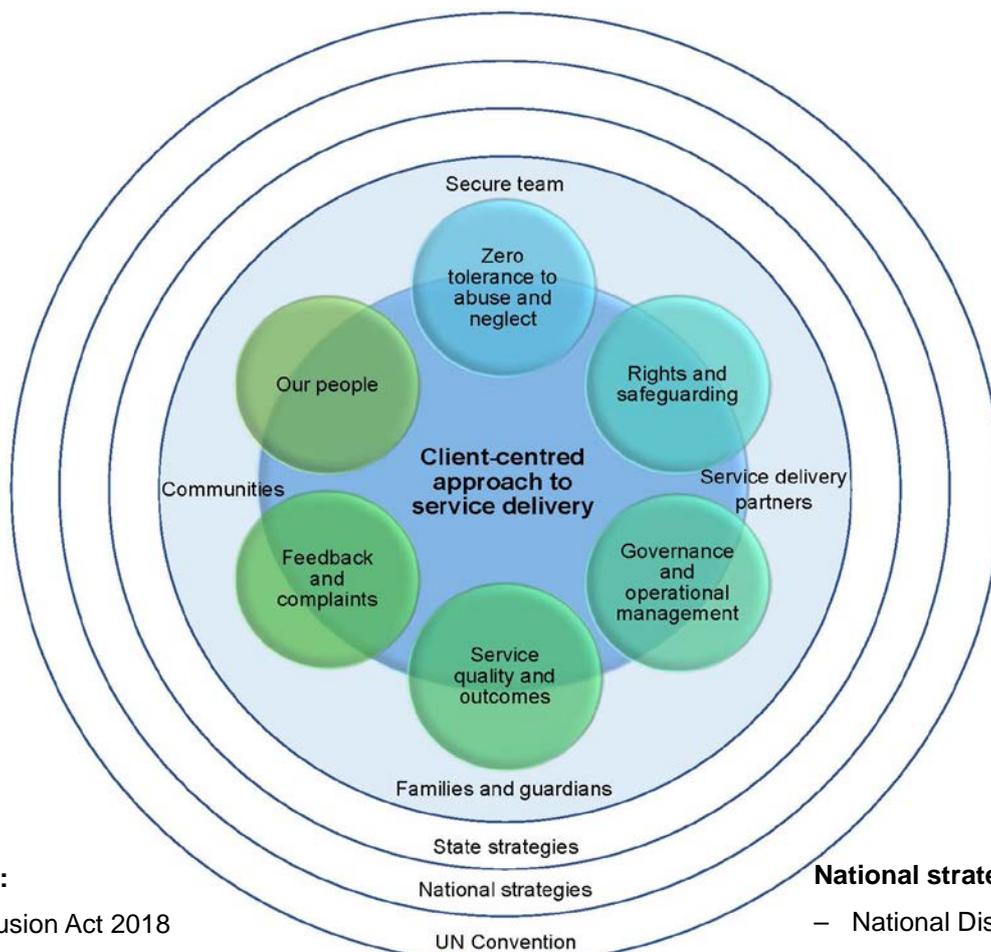
The 2019/2020 Strategic Plan for Accommodation Services committed to developing a 'zero tolerance' approach to the abuse and neglect of people with disability as part of high quality and safe services. The Zero Tolerance to Abuse and Neglect of People with Disability Strategy (the Strategy) is a core component of the Practice, Quality and Safeguarding Framework (the Framework), an integrated enabling system that supports and improves the quality and safety of services provided to clients of Accommodation Services.

The Strategy is not intended to prevent clients from choosing to take risks. Staff are expected to continue to take a considered and collaborative risk enablement approach, where clients may be supported to take informed risks to maximise choice and control in their own lives. This process should be appropriately documented and represent an appropriate balance between safeguarding and informed risk enablement.

## Client-Centred Service Delivery Model

In addition to being a core component of the Practice, Quality and Safeguarding Framework, the Strategy is an integral part of the client-centred service delivery model 'Everything About You with You'.

**Diagram 1:** Client-Centred Service Delivery Model



### State strategies:

- Disability Inclusion Act 2018
- State Disability Inclusion Plan
- DAIPs

### National strategies:

- National Disability Strategy
- National Disability Agreement
- NDIS

## Rationale

Accommodation Services acknowledges that assault, abuse, neglect and exploitation of people with disability is present in communities and community services around the world and believe that one incident is one incident too many. The research and evidential stories are raising awareness of this injustice to vulnerable people. History of the treatment of vulnerable people in society and in institutions echoes loudly. Accommodation Services is taking a stand to have zero tolerance to any practice that is now viewed as non-contemporary and breaches human rights on any individual level. Accommodation Services is committing itself to lead the way by implementing the Zero Tolerance to Abuse and Neglect of People with Disability Strategy to meet this commitment.

## Background

Accommodation Services have long been committed to the safety and wellbeing of people with disability. Accommodation Services first made a defined commitment to zero tolerance to abuse of the people we support when the Dignity in Care Principles were adopted in 2013, with the first principle being zero tolerance to all forms of abuse. Many staff were trained as Dignity in Care Champions, and training in understanding and responding to abuse and neglect of people with disability was provided to all direct care staff as part of induction and compliance training. Work relating to improving the safety and wellbeing of clients and prevention of abuse has also included The Positive Behaviour Support Framework (2013), Human Rights Framework (2014) and a suite of safeguarding policies introduced in 2015.

The Strategy builds on this foundation through a multi-faceted approach to the prevention, identification and response to abuse and neglect of people with disability who are supported by Accommodation Services. The Strategy is consistent with the following key strategies, policies and frameworks:

- State Disability Inclusion Plan
- National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework
- NDIS Practice Standards
- Aged Care Quality Standards
- HCSCC Charter of Health and Community Services Rights
- Information Sharing Guidelines for promoting safety and wellbeing

The Strategy is informed by the United Nations Convention on the Rights of Persons with Disabilities. All Articles of the Convention have relevance in the Strategy, but most particularly, Article 16 – Freedom from exploitation, violence and abuse

<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.

## Zero Tolerance – What is it?

The basis of the Zero Tolerance Strategy is that abuse and neglect of people with disability is never acceptable and should never be ignored. Zero tolerance recognises that abuse and neglect can take many forms, and situations that may be regarded as minor, are often symptoms and warning signs of discriminatory attitudes and poor practices that can lead to abuse if not addressed.

When we say we have a 'zero tolerance' approach, we mean that we will improve safeguards for the people we support to prevent abuse and neglect, and we will act on suspected abuse and neglect, and on actual abuse and neglect. Zero tolerance is about holding people to account for poor practice, supporting people to be safe in their homes and communities, and is about consistency, resolve, leadership and taking action in our approach to abuse and neglect.

## Leadership

The Strategy represents a leadership commitment to create a culture where abuse and neglect of the people we support, in all forms, is unacceptable. All staff are expected to lead by example to prevent abuse and neglect, and act where there is suspected or actual abuse and neglect of the people we support, perpetrated by staff, or by others. Leaders will use the resources of the department, community and government to act collectively to prevent abuse and neglect, and to respond to abuse and neglect with accountability and rigour, use community, legislative and industrial relations mechanisms and resources effectively.

## Staff

All staff of Accommodation Services are expected to understand, act to prevent, and report the suspected and actual abuse and neglect of the people we support. Any staff engaging in the abuse and neglect of the people we support will be held to account, and staff witnessing abuse and neglect are required to act. This includes reporting concerns about staff behaviour, and the behaviour of others, towards the people we support. It also includes managers understanding their obligations, and providing leadership and accountability, in relation to staff performance and misconduct issues.

## Clients

Clients have the right to be safe in our service, and in their community. This Strategy aims to partner with clients and families to build their capacity to safeguard against abuse, and to provide support and action in the event of abuse and neglect occurring.

## Strategy Objective

This Strategy focuses on safeguarding and other initiatives that will have the most impact at a provider and client level, acknowledging that as a service provider, Accommodation Services has the most ability to influence at this level.

This Strategy also recognises the importance of a robust client incident reporting and complaints system, and accountable staff performance processes as strong safeguards for people with disability. The emphasis on prevention and safeguarding complements the focus on corrective actions following abuse. These are essential components of a comprehensive response to abuse of people with disability where preventative strategies alone are not successful.

## Strategy Action Areas: Prevention, identification, and response to the abuse and neglect of the people we support

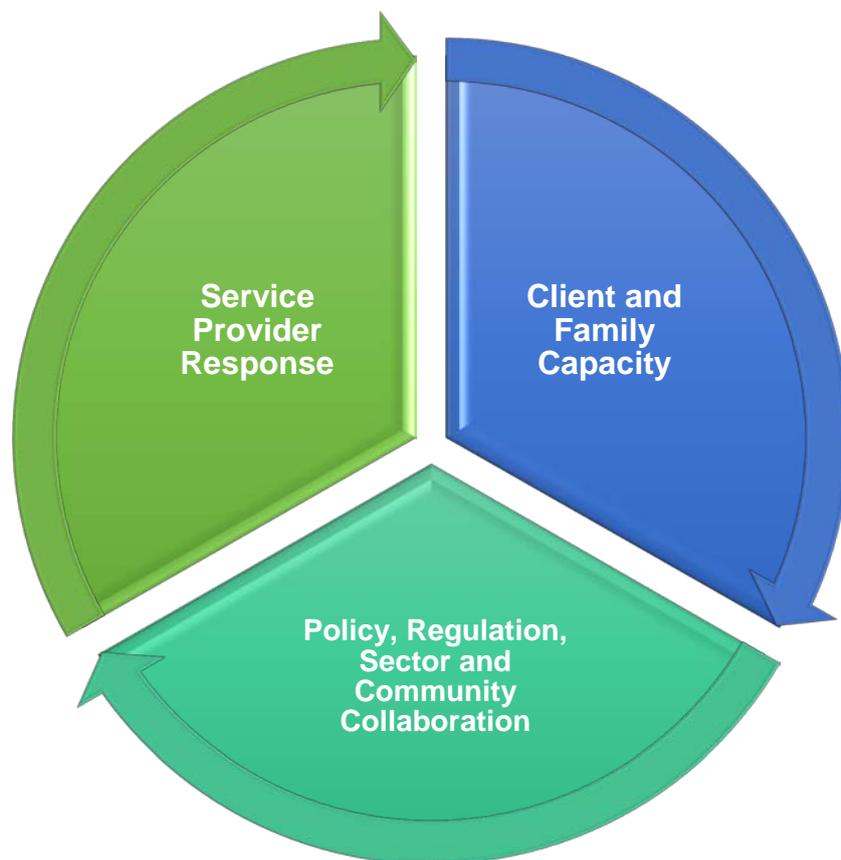
Preventing and identifying the abuse and neglect of people with disability requires proactive and sustained intervention and monitoring.

State and federal government play a critical role through policy, regulation, structures and funding to ensure the consistency and quality of safeguards across society, community, and the disability sector. In turn, disability service providers are key to the success of preventative efforts given their direct role in the support of people with disability. Equally important is building the capacity of individuals with disability to assert their rights and to act in their own interests where possible. Families and advocates also play an important role in supporting people with disability who may not always be able to speak for themselves.

The Strategy recognises three action areas that impact and influence the abuse and neglect of people with disability:

- **Service Provider Response**
- **Client/Family Capacity Building**
- **Policy, Regulation, Sector and Community Collaboration:** Refers to using, and collaborating with, state and federal government policy frameworks, community programs, attitudes and other safeguarding and enforcing structures and resources, inclusive of those within the disability sector.

**Diagram 2:** Three Action Areas of the Zero Tolerance Strategy



There are four key enablers that operationalise the three action areas:

- Understanding and recognising abuse and neglect
- Promoting and implementing strategies that can help prevent abuse and neglect
- Responding to abuse and neglect
- Analysis, learning and continuous improvement

## Understanding and Recognising Abuse and Neglect

### Provider Strategies

- Staff orientation and training for all staff in relation to the Zero Tolerance Strategy focusing on:
  - Leadership commitment and clear expectations of staff behaviour (that is, 'understanding your role in preventing the abuse and neglect of the people we support')
  - Consequences for misconduct and complicit behaviour
  - Understanding abuse and neglect
  - Signs and indicators
  - Safeguarding strategies
  - Reporting and acting on suspected abuse and neglect
  - The link between good incident management practice and zero tolerance.
- Capacity Building Officers – Regular discussion at house meetings about zero tolerance issues (such as poor incident management practice, neglect, poor practice, rights and how to 'have your say in your house').
- Staff education about the Positive Behaviour Support Framework – Preventing human rights abuses by promoting alternatives to restrictive practices.
- Understanding how to identify clients at risk of abuse and neglect and implement effective strategies to safeguard these individuals (using the Personal Environmental Risk Factors tool and the support planning process).
- Recognition of client to client abuse and the importance of appropriate placement.
- Sound WHS practice to identify system issues vs individual staff issues.
- Leadership training and development in relation to recognising and naming all forms of abuse and neglect and linkage to staff performance and misconduct processes.

### Client/Family Capacity Building

- Provision of education/information on the organisational position on zero tolerance, human rights for staff, clients and families in accessible formats, and involve the Client Influencer's group.
- Provision of regular training opportunities for clients and families on rights, and abuse prevention, empowerment and advocacy options.

- Client and family information about the link between good incident management practice, the management of care concerns and zero tolerance, and what they can expect from us in relation to communication regarding incidents that occur in the service and in response to complaints.
- Service coordinators – Rights, consent, advocacy agencies, customer charter, incident notification preferences and zero tolerance piece conducted at annual review, including what clients can expect.
- Supporting clients to move where compatibility is an issue.

## Policy, Regulations, Sector and Community

- Invite SAPOL Vulnerable Victims Response/Community Policing, Office of the Public Advocate, Adult Safeguarding Unit (SA Health) advocacy agencies, Purple/Orange and Victims of Crime to speak with clients and families about services they offer.
- Invite National Disability Services (NDS) to speak with clients and families about the NDS Zero Tolerance Framework.
- Health and Community Services Complaints Commissioner and Community Visitor invited to speak about their roles.
- Support cross sector initiatives to understand, identify and reduce abuse.
- Promoting and implementing strategies to help prevent abuse and neglect.

## Promoting and Implementing Strategies to Help Prevent Abuse and Neglect

### Provider Strategies

- Leadership and policy position in relation to protecting human rights, zero tolerance, prevention of abuse and neglect, and effective responses to abuse and neglect.
- Supervision and leadership in identification, prevention, and response to abuse and neglect;
- National Disability Insurance Scheme (NDIS) Worker Code of Conduct, Behaviours at Work piece outlining expectations of staff behaviour in preventing and acting on abuse and neglect and link to performance and misconduct processes.
- Mandatory reporting and protection for whistle blowers (Public Disclosure Act and anonymous complaints function).
- Promote and implement person-centred service model.
- Clients and families on interview panels for key roles.
- Support plans regularly reviewed and reflect client needs and preferences, identify and support clients at risk of abuse and neglect; developed in collaboration with client/family/guardian.
- Support and debriefing for staff working with high needs clients.
- Application of the legal framework in relation to consent and restrictive practices, and safeguarding.

- Train and upskill staff in understanding and applying principles of supported decision-making.
- Effective incident management training and practice to ensure the link between good incident management and zero tolerance is understood and systemic and individual staff issues are addressed.
- Robust training program to ensure staff have required skills

## Client/Family Capacity Building

- Provision of information and training to clients on rights, self-advocacy and create opportunities for speaking up (house meetings: 'have your say in your house').
- Abuse prevention education and training for clients.
- Relationships and sexuality training, inclusive of self-protective behaviours for clients and cyber safety.
- Support clients to building connections outside the service.
- Engage family and encourage access to external advocates.
- Supported Decision-Making Project – Clients of the service who are under the guardianship of the Public Advocate will develop a 'My Life' decision plan (healthcare/accommodation/NDIS and personal affairs) through a process of supported decision making.
- Complaints policy and accessible procedure supplied to clients/families on at least an annual basis.
- Routine client debriefing following incidents

## Policy, Regulations, Sector and Community

- Regularly invite advocacy groups to key client/family events and promote in newsletters.
- Community Visitor focus on prevention of abuse and neglect.
- Review staff screening process and links with known patterns of misconduct.
- Disability Access and Inclusion Plan to include response to abuse and neglect of people with disability.
- Use Association for Disability in Ethnic Communities (ADEC) information resources and deliver workshops to increase culturally and linguistically diverse (CALD) communities' understanding and awareness of their rights to be free from abuse, and about how to recognise and report abuse.
- Learnings from OPA/DHS supported decision-making project to be applied across the sector.
- Link vulnerable clients to the Safeguarding Vulnerable Adults Unit - SA Health
- Link vulnerable Indigenous clients with culturally appropriate services (eg Aboriginal Community Connect - SA Health)

# Responding to Abuse and Neglect

## Provider Strategies

- Leadership and clear expectations, policies and procedures for responding to disclosures and allegations, and timely reporting and investigation to maximise and record victim's recall and staff/other follow up.
- Effective evidence gathering and record-keeping.
- Encourage reporting and investigation of 'low level' neglect and care concerns in recognition this can prevent more serious abuse and neglect, and neglect/care concerns as an indicator of abusive or unsafe environments.
- Update Care Concerns and Safeguarding policy to reflect Zero Tolerance Strategy.
- Ensure staff are aware of their obligations in internal and external reporting requirements.
- Ensure staff understand their obligations in relation to reporting incidents to clients/family/guardian.
- Ensure staff understand their obligations in relation to debriefing for staff and clients following incidents.
- Ensure managers understand their obligations and act in relation to staff performance and misconduct.
- Acting effectively and consistently on alleged staff to client abuse and poor practice.
- Effective incident management practice to ensure the link between good incident management practice and zero tolerance, and all incidents are seen as opportunities for early intervention.
- Address client on client violence.

## Client/Family Capacity Building

- Advise clients and families of the Zero Tolerance Strategy and how incidents will be responded to.
- Annual rights, zero tolerance, complaints, client charter piece (referred earlier).
- Ensuring safety of victims following trauma, identifying an informed key support person where required.
- Response informed by victim's experience and wishes, including engaging family, carers and significant others.
- Linking to specialist and community support services, complaints bodies, police, victims of crime (for support and/or compensation) and advocacy agencies.
- Address barriers to justice.
- Ongoing person-centred healing strategies, including incident de-briefing.
- Incident notification, debriefing and follow up with client/family/guardian for all incidents.

## Policy, Regulations, Sector and Community

- Connecting with SAPOL – Vulnerable Victims Response/Community Policing.
- Ensure mandatory and other reporting to external bodies: AHPRA, HCSCC, OPI, CARL, NDIS Quality and Safeguards Commission (when required).
- Support clients with court processes.
- Provide advice to advocacy groups, government bodies about barriers (such as, women with disability unable to enter women's shelter due to wheelchair use).
- Promote the [Speak Up and Be Safe from Abuse](#) website.
- Mandate satisfactory completion of competency requirements/standards (such as medication administration competence).
- Link with the Adult Safeguarding Unit (SA Health)
- Strengthen links/information between the Incident Management Unit investigation outcomes and the Screening Unit to consider improvements.

## Analysis, Learning and Continuous Improvement

### Provider Strategies

- Review staff knowledge and competencies.
- Use data to inform improvements to abuse prevention and response processes.
- Explore systemic safeguarding gaps.
- Address organisational impact of abuse (staff, client, family).
- Record any improvements to practice on organisational continuous improvement register.
- Review of response to care concerns and quality of follow up with clients/families.
- Review of incident management practice with focus on response to care concerns.
- Review of our response to staff abuse and neglect allegations to identify gaps and areas for improvement.

### Client/Family Capacity Building

- Client/family satisfaction survey (include relevant questions about agency safeguarding responses).
- Influencers Group – Input and support in relation to how we can improve.
- Complaints process/results analysis to identify possible improvements.
- Incident analysis focus on client/family involvement.

## Policy, Regulations, Sector and Community

- Benchmark against state and government schemes to identify gaps and improvement opportunities.
- Understand and embed best practice into our approach by reviewing contemporary research findings in successful approaches to reducing abuse and neglect.

## Where are we now?



## Next Steps

Next steps and the detailed scope and order of works are currently being mapped and prioritised and will be reflected in the Accommodation Services Business Plan. Proposed key performance indicators will then be mapped against capability to meet the reporting requirements of these.

## Appendix A: Understanding Abuse (and Neglect)

Abuse violates a person's human rights and has a number of forms such as financial abuse, emotional abuse, physical abuse, sexual abuse and neglect. Abuse and neglect can be perpetrated by support workers, supervisors, managers, people with disability, family members, carers and community members. To be effective, zero tolerance of abuse and neglect requires a clear understanding of what it is and the types of behaviour it includes. Abusive and neglectful behaviour includes:

- **Financial abuse:** The misuse of a person's assets, property, possessions and finances without their consent. It includes:
  - Denying a person the use of their own assets, property, possessions and finances
  - Theft, fraud, exploitation and pressure in relation to assets, property, possessions and finances
  - Obtaining assets through deception.This also includes financial abuse perpetrated by other people with disability.
- **Emotional abuse:** Actions or behaviours that reject, isolate, intimidate or frighten by threats, or the witnessing of family violence, to the extent that the person's behaviour is disturbed or their emotional/psychological wellbeing has been, or is at risk of being, seriously impaired. This includes:
  - Rejecting, isolating, terrorising and ignoring behaviours
  - Denying cultural or religious needs and preferences
  - Emotional abuse perpetrated by other people with disability
  - When a person subjects another person to behaviour that may result in psychological trauma such as bullying, harassment, humiliation and/or threats.
- **Physical abuse:** Actions that involve the inappropriate use of physical contact or force against a person. This includes:
  - Threats of physical abuse made to a person with disability by another person
  - Excessive use of physical force or restraint by a staff member
  - Physical abuse perpetrated by other people with disability, as well as by caregivers or staff.
- **Sexual abuse:** Actual or attempted unwanted sexual actions that are otherwise forced on a person against their will or without their consent, through the use of physical force, intimidation and/or coercion.
- **Neglect (care concerns):** The failure to care adequately for a person with disability to the extent that the health, wellbeing and development of the person is significantly impaired or at risk. This can include the failure to properly investigate incidents that negatively impact a client, failing to ensure clients have access to the services they require, including health care, communication and mobility aides, or failing to exercise a reasonable duty of care towards a client.

*Adapted from Dignity, respect and safer services – Victoria's disability abuse prevention strategy*