



# **ABUSE AND NEGLECT (SEXUAL, PHYSICAL, EMOTIONAL & DISCRIMINATION) POLICY**

Ref No: CCLO-PAR-001



## **ABUSE AND NEGLECT (SEXUAL, PHYSICAL, EMOTIONAL & DISCRIMINATION) POLICY**

### **POLICY STATEMENT**

**The following policy and procedures have been developed and will be implemented to meet the requirements of:**

- **NSW Disability Inclusion Act 2014**
- **National Disability Insurance Scheme Act 2013**
- **NSW Disability Services Standards 2016; (Standard 1 – Rights)**
- **NDIS Quality and Safeguarding Framework 2016**
- **Other legislative or related provisions [e.g. Privacy and Personal Information Protection Act 1998 (NSW),**
- **Human Rights and Equal Opportunity Act 1993**
- **Crimes Act 1900**
- **State Records Act 1998 NSW**

Central Coast Living Options (CCLO) will provide for its participants an environment that is safe and where the work practices of staff will prevent any form of abuse or neglect occurring.

CCLO will, where abuse or neglect has occurred, respond quickly to protect the individual/s from any further harm, ensuring they have access to any required medical and legal assistance.

CCLO will support participants throughout their involvement with legal and justice services, including during any investigations.

CCLO will also actively address short- and long-term issues that may lead to abuse or neglect occurring to participants within any of its service areas.

### **PROCEDURES**

1. In all aspects of service delivery, management are required to highlight the importance of preventing and responding appropriately to the sexual assault, physical assault, emotional abuse and neglect of participants, whether it be alleged or actual to all staff, and failure to report abuse or neglect and will lead to disciplinary action.
2. Staff are to be trained in the detection of sexual assault, physical assault, emotional abuse and neglect, including handling allegations and observing for the signs and symptoms of abuse and neglect in its various forms
3. Staff are required to respond to sexual assault, physical assault, emotional abuse and neglect with specific consideration to the age, gender, sexuality, history of trauma of the participant, and in a manner which supports the participant in an investigation of any allegations, ensuring that the processes are in line with the NDIS Guidelines of Abuse and Neglect.

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4. Were there is an allegation of sexual assault, physical assault, emotional abuse or neglect on a participant is another participant or a CCLO staff member, the subject of allegation is entitled to fair treatment throughout the investigation process.
5. Senior Management and staff must uphold strict confidentiality regarding any allegations and investigations, ensuring the individual named in the allegation is given every opportunity for fair treatment and to clear their name through appropriate legal processes.

## 1 POLICY

### 1.1 Background

The provisions of the NSW Disability Services Act 1993 and supporting Standards clearly outline the obligations that service providers must 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. Studies on the frequency of abuse towards people with a disability show that they are much more likely to experience abuse than the rest of the population (Howe, 2000; Blyth, 2002) A range of factors contribute to the higher levels of abuse experienced by people with a disability, for example, low mobility, limited communication skills, high dependence on non-family members for personal care, and the use of shared accommodation services.

### 1.2 Preventing abuse

CCLO acknowledges that prevention is the best protection from abuse. Service providers have 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 respect the rights of participant, who are aware of current policies and legislation pertaining to abuse, and who will support participant and their families or guardians to access complaint mechanisms and raise any concerns they have about services.

### 1.3 Purpose

If for any reason prevention strategies fail to afford protection, the Abuse and Neglect (Sexual, Physical, Emotional & Discrimination) Policy provides workers of CCLO, with the means to respond quickly and appropriately to allegations of abuse.

### 1.4 Target group

All workers in CCLO who have contact with a person with a disability.

#### 1.4.1 The Participant

A participant is any person who receives services from CCLO. The disability may make it difficult for the person to move independently, communicate or perform activities of daily living.

#### 1.4.2 The services

The organisational structure of a service will determine the reporting procedures that are followed in response to an allegation of abuse.

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The following CCLO operated services have designated reporting lines in accordance with the organisation's structure that must be adhered to following an allegation of abuse:

- . Accommodation support services (in-home support, group homes and large residential centres).
- . Community Access programs, including day programs and community participation; and
- . Community Support Teams.
- . CoS- Coordination of Support Team
- . Any other CCLO Business Stream

### 1.5 Advocacy and Participants support

Participants of CCLO have different types of support networks both formal and informal. Participants have families who are integrally involved in their lives or may be reliant on legally appointed guardians to make decisions for them. Other participants are represented by advocacy services and for some Participants these advocates are their only support network.

An advocate must represent the best interests of a participant, and in the absence of a family member or any other person having a close relationship with the participant, may be the contact person for issues relating to the participants. Other participant may be the passive recipients of informal advocacy support, and in this case, service providers will have to consider what information about a participant is appropriate for sharing with an informal advocate.

The issue of information sharing arises in the *Abuse and Neglect Policy* and a balance is required between:

- ensuring that people who have an important relationship with the participant are informed when there is an allegation of abuse involving that Participant, and
- Obeying the law as it applies to upholding individuals' rights to privacy.

### 1.6 Types of abuse addressed in this policy

*Abuse* is used throughout the 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.

#### 1.6.1 Domestic violence and Coercive Control

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.

#### 1.6.2 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, supervision and nurturance or stimulation needed for social, intellectual, and emotional growth or wellbeing. 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.

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### **.6.3 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 and causing harm or injuries.

### **1.6.4 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, mechanical, seclusion, environmental 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 guideline, as per *NDIS Regulated Restrictive Practice Guide V1.1 Oct 2020*.

### **1.6.5 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.

### **1.6.6 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.

### **1.6.7 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.

### **1.6.8 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.

### **1.6.8 Discrimination**

The Disability Discrimination Act 2014 (DDA) makes disability discrimination unlawful and promotes equal rights, equal opportunity, and equal access for people with disabilities. In relation to work, the DDA covers all areas of employment and makes it unlawful for a person to be discriminated against because of their disability.

## **PRINCIPLES**

The following Principles will be followed by CCLO in response to any allegation of participants abuse.

### **2.1 Preventing abuse**

Service providers take reasonable steps to ensure that all workers understand and perform their roles in preventing abuse of participant by any person.

### **2.2 Identifying abuse**

Workers working with people with a disability understand the behaviours or actions that constitute abuse. Workers working with people with a disability are able to recognise signs that may be indicators of abuse.

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## Physical abuse-

### Physical indicators:

- unexplained cuts, abrasions, bruising or swelling
- unexplained burns or scalds, cigarette burns
- rope burns or marks on arms, legs, neck, torso
- unexplained fractures, strains, or sprains; dislocation of limbs
- bite marks
- dental injuries
- ear or eye injuries.

### Behavioural signs:

- avoidance of particular staff, fear of a particular person
- sleep disturbances
- changes in behaviour (e.g. unusual mood swings, uncharacteristic aggression)
- changes in daily routine, changes in appetite
- unusual passivity, withdrawal
- self-harm, suicide attempts
- inappropriate explanations of how injuries occurred
- excessive compliance to staff.

### Physical indicators:

- direct or indirect disclosure of abuse or assault
- trauma to the breasts, buttocks, lower abdomen, or thighs
- difficulty walking or sitting
- pain or itching in genital and/or anal area; bruising, bleeding, or discharge
- self-harm, abuse, suicide attempts
- torn, stained or blood-stained underwear or bedclothes
- sexually transmitted diseases, pregnancy
- unexplained money or gifts.

### Behavioural signs:

- sleep disturbances
- changes in eating patterns
- inappropriate or unusual sexual behaviour or knowledge
- changes in social patterns
- sudden or marked changes in behaviour or temperament
- anxiety attacks, panic attacks, clinical depression
- refusal to attend usual places (e.g. work, school, respite)
- going to bed fully clothed
- excessive compliance to staff.

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## **Psychological/emotional abuse-**

### **Physical indicators:**

- speech disorders
- in the case of a child, lags in physical development, failure to thrive
- injuries sustained from self-harm or abuse
- suicide attempts
- anxiety attacks.

### **Behavioural signs**

- self-harm or self-abusive behaviours
- challenging/extreme behaviours
- excessive compliance to staff
- very low self-esteem, feelings of worthlessness
- clinical depression
- marked decrease in interpersonal skills
- extreme attention-seeking behaviour.

## **Chemical abuse-**

### **Physical indicators:**

- withholding of prescribed medication
- abuse of prescribing rights by staff/over-administration of medication.

### **Behavioural signs:**

- persistent over-activity
- unusual levels of confusion/disorientation.

## **Financial abuse-**

### **Physical indicators:**

- no access to, or unwarranted restrictions on, personal funds or bank accounts
- no records, or incomplete records kept of expenditure and purchases
- no inventory kept of significant purchases
- person controlling the finances does not have legal authority
- misappropriation of money, valuables, or property
- forced changes to a person's will
- persistent failure to produce receipts
- receipts indicating unusual or inappropriate purchases.

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### Behavioural signs:

- person has insufficient money to meet normal expenses
- person is persistently denied outings and activities due to a lack of funds.

### Denial of access to legal system/remedies-

#### Physical indicator:

- consistent denial of telephone or Internet access.

### Behavioural signs:

- person does not seek privacy to undertake activities normally undertaken in private
- person indicates they have no-one to speak to about things they are unhappy about.

### Systemic abuse-

#### Physical indicators:

- no program or inadequate/inappropriate program developed for client
- not endeavouring to use staff of the same gender to perform personal duties for clients
- providing staff with insufficient training on duty of care and policies and practices related to preventing abuse.

### Behavioural signs:

- person is persistently provided support that does not meet the requirements of their service package
- person refuses part of their service support due to feeling uncomfortable with particular staff members.

### Neglect-

#### Physical indicators:

- physical wasting, unhealthy weight levels
- poor dental health
- food from meals left on face and/or clothes throughout the day
- dirty, unwashed body and/or face, body odour
- person always wearing the same clothes
- ill-fitting and/or unwashed clothes
- person is always over- or underdressed for the weather conditions
- food is consistently poor quality, insufficient, inedible, and/or unappetising.

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## Behavioural signs:

- constant tiredness
- persistent hunger
- unexpectedly poor social/interpersonal skills
- signs of loss of communication and other skills
- staff member, service provider, carer or support person consistently fails to bring the person to appointments, events, activities
- person is persistently denied opportunities to socialise with others in the community.

Service providers recognise that people with challenging behaviour, and people who are non-verbal or who experience communication difficulties, may be more vulnerable to abuse.

### 2.3 Reporting abuse

The culture of CCLO will encourage and support any person who has witnessed abuse of a participants or participant, 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 responsibility to report allegations of abuse in accordance with CCLO” s policy and procedures.

### 2.4 Responding to a report of abuse

Response is prompt, appropriate and in accordance with clearly documented procedures. The response should include appropriate reporting to the NSW Police, and the provision of medical care, including transfer to hospital by an ambulance and referral to a Sexual Assault Service if the assault is of a sexual nature.

When the victim is unable to give consent, where appropriate contact 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 reports of abuse are to be reported to the NDIS Quality and Safeguards Commission within 24 hours of the report to management.

### 2.5 Responding to abuse of a Participants by a member of staff

All incidents and allegations of abuse are to be documented and reported to the Line Manager, On-Call Manager or Senior Management, as soon as you become aware of the allegation.  
Staff must ensure that if any abuse has been identified they must preserve any evidence.

All reasonable steps are taken to ensure that the participants are protected from further harm by preventing contact with the alleged offender.

The rights of the alleged offender and responsibilities of the employer are adhered to in accordance with the appropriate legislation.

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## 2.6 Responding to abuse of a Participants by another Participants

CCLO LIVING workers will manage the interactions between participant to avoid incidents of abuse, and record in behaviour management plans the triggers that may cause one participant to harm another.

If behaviour management strategies fail to prevent the abuse of one participant by another, participant are protected from further harm.

A review of the circumstances pertaining to the event is conducted within a reasonable timeframe. Any behaviour management strategies implemented by the service are safe, respectful of the person and non-abusive.

When the victim and offender are both participants, they are equally entitled to support during the response process by an independent person.

## 2.7 Privacy and confidentiality

Access to records is restricted to those who are directly involved in reporting and responding to the incident to ensure that individuals' rights to privacy are upheld.

Management will be the sole contact for the family, guardian, or other support person in providing information relating to the incident and any subsequent investigations.

## 2.8 Responsibilities

CCLO's response process does not compromise any investigation by the NSW Police or other external agencies.

Staff and witnesses cooperate with the investigations of NSW Police and other agencies as required.

Participant are assisted by an independent support person during their contact with the NSW Police and other agencies.

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

## REPORTING ABUSE TO NSW POLICE

### 3.1 EMERGENCY – DIAL 000

When a participant or another person has been assaulted or is in immediate danger of an assault the **NSW Police** must be called (see **3.3** below for exceptions).

If a participant or another person sustains an injury as the result of an assault the **NSW Ambulance Service** must be called.

### 3.2 Reporting to NSW Police

#### 3.2.1 Sexual assault

Sexual assault of a participants is a serious offence and must be reported to the NSW Police (see **3.3** below for exceptions).

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### 3.2.2 Physical assault

Any other physical assault of a participants must be reported to the NSW Police (see **3.3** below for exceptions).

### 3.2.3 Other assault

A report of **domestic violence**, or **abuse** by **neglect** and **restricted practices**, and **emotional, financial** and **systems abuse**, must be reported to a manager as soon as possible and may be reported to the NSW Police.

### 3.3 Exceptions

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

1. 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
2. physical contacts occurring between participant (e.g. pushing or striking) that are appropriate for resolution using behaviour management strategies and are reported internally.
3. A report of abuse may be received from **a person with a disability** using verbal or written communication or any other communication system.
4. **another participant, member of staff** or any other person, who may witness abuse of a participants and make a report; or
5. **a member of staff** upon observing one or more indicators of abuse suspects that a participants or participant have been or are being abused.

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

### 4.1 Emergency response

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

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

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

4.1.4 Staff at the scene must **immediately** advise the Manager, or 'on call' person of the incident.

4.1.5 Staff at the scene or the Manager must contact the NSW Police if a participant has been physically or sexually assaulted (**Section 3**) or dies as the result of an assault.

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## 4.2 Protecting evidence for NSW Police

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

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

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

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

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

## 4.3 The Manager's role

4.3.1 The Manager should ensure that all emergency procedures have been followed and the appropriate emergency services have been called.

4.3.2 The Manager 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.

4.3.3 The Manager is responsible for ensuring that documentation of the incident is completed, and reports are forwarded to the appropriate levels of management.

## 4.4 Abuse by a member of staff

4.4.1 If it is witnessed or suspected that a member of staff has abused a participants or participant, the Manager or 'on call' person must be informed **immediately**.

4.4.2 If it is suspected that the Manager is involved in the abuse the matter must be reported to Senior Management **immediately**.

4.4.3 Where management reasonably believes that a member of staff is the source of abuse of a Participants the matter must be referred to the NSW Police and reported to the NDIS Quality and Safeguards Commission within 24 hours. **The matter will be dealt with by the Manager or Senior Management.**

4.4.4 Any cases of suspected abuse by a member of staff must be reported to the Senior Management.

4.4.5 A member of staff who is reasonably suspected of abusing a participant must not be permitted to have any unsupervised contact with the participants and may be immediately transferred to alternative duties following the allegation and until the matter is resolved.

4.4.6 Any allegations of abuse by a member of staff towards a participant will be the subject of internal investigations within CCLO, and by the NSW Police and reportable to NDIS Quality and Safeguards Commission within 24hours.

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4.4.7 If it is found that a member of staff has abused a participant, the matter may warrant dismissal of the staff member by CCLO, as well as any action taken by the NSW Police.

4.4.8 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.

#### 4.5 Abuse by another Participants

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

4.5.2 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.

4.5.3 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 person of the incident **as soon as possible** and **within 12 hours** of the report being made.

4.5.4 The Senior Management will facilitate access to appropriate support, where practical, for both participants, their families, and staff, and ensure they have information about available services.

4.5.5 If Senior Management reasonably believes that an incident between two participants is abuse or assault the matter must be referred to the NSW Police and reportable to the NDIS Quality and Safeguards Commission within 24 hours of the report being notified.

4.5.6 If a staff member accompanies the offender who is a participant 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.

#### 4.6 Financial abuse

4.6.1 Staff of CCLO operated services must follow procedures described in the Residential and Participants Accounts Policy when managing participant' personal finances.

4.6.2 Where participant is 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.

4.6.3 Staff of CCLO operated services are required to comply with the CCLO reporting processes if they suspect irregularities in the management of participant' personal finances.

4.6.4 When there is an allegation of financial abuse, the manager must notify the participants, family or guardian, and/or the administrator of the Participants' finances. The matter may be reported to the NSW Police (see Section 3).

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#### 4.7 Past incidents of abuse

4.7.1 If the abuse has happened in the past, and the participants is not in immediate danger, the Manager must be notified as soon as possible.

4.7.2 If the Manager reasonably believes that abuse has occurred, or is in any doubt, the matter must be referred to the NSW Police for further investigation and the NDIS Quality and Safeguards Commission within 24 hours of being notified.

#### 4.8 Communication

4.8.1 The Manager should 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.

4.8.2 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.

4.8.3 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*.

#### 4.9 Support for Participant

4.9.1 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.

4.9.2 Participant who are victims of abuse and their families or guardians should be referred to Victims Services NSW on **1800 633 063** to be advised of their rights, and the support services that are available to them.

4.9.3 Managers 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 Services NSW.

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

4.9.5 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.

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

#### 4.10 Support for staff

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

#### 4.11 Privacy and confidentiality

4.11.1 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.

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4.11.2 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.

## 4.12 Record keeping

4.12.1 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.

4.12.2 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 an Incident Reporting Category.
- 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.

4.12.3 Records are maintained to comply with the standards published under the authority of the *State Records Act 1998* that also requires records of disciplinary proceedings in relation to employees be retained indefinitely.

4.12.4 Staff of Central Coast Living Options Accommodation and Community services should refer to the Documentation & Record Keeping Policy.

4.12.5 Records must be stored securely and only accessed by persons with a legitimate reason for viewing any documents.

## 4.13 Managing risk

4.13.1 The Manager and staff must assess the risk of further incidents and update any risk management plans pertaining to the event and the participant involved.

4.13.2 The Manager and staff must review the *Participants Risk Profile* of any participant involved in the incident to assess and manage the risk of further incidents of abuse.

## 4.14 Timeframes and Reports to NDIS Quality and Safeguards Commission

4.14.1 Most of the reportable incidents to Management must be notified to the NDIS Commission **within 24 hours of Management being notified**, with a more detailed report about the incident and **actions taken in response to it to be provided within 5 days business days**.

4.14.2 A final report may also be required within **60 business days** of submitting the five-day report. The NDIS Commission will advise providers whether a final report is required.

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## GLOSSARY

### Abuse

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

### Action plan

A plan developed by a manager that describes strategies to identify and assess risks, and the process employed to eliminate or manage risk.

Measures include:

- Reviewing the practice used prior to and during the incident in line with the unit and participants routines, and with reference to Participants management plans.
- Reviewing participants management plans to prevent further incidents or to minimise their effects on participant' lifestyle and wellbeing.
- Applying a risk management approach to work practices (CCLO staff can refer to the *WHS Risk Management Policy*).

### Advocate

A person who promotes, supports, and represents the rights and interests of another person. An advocate is often involved in acting, speaking, or responding on behalf of another person. Staff cannot be advocates for people with a disability who are participant of CCLO operated or funded non-government services.

### Assault

Assault, as described in the *Crimes Act 1900*, is against the law. For the purpose of this policy assault is any attempt or threatened attempt to cause unwanted immediate physical contact or bodily harm that puts the victim in fear of such harm or contact.

### Participants

The participants is a person with a disability who lives or participates in an CCLO operated or funded non-government service.

### Participants Risk Profile

The *Participants Risk Profile* is a simple risk assessment tool for staff working directly with participant. It is used to characterise risks by providing quick reference material for individualised risk management strategies. It is designed for use throughout CCLO operated and funded non-government services.

The *Participants Risk Profile* integrates CCLO policies with Work, Health, and Safety responsibilities. When implemented correctly, within the broader framework of participants risk management, the *Participants Risk Profile* provides an effective and uniform risk alert system that remains sensitive to the individual and changing needs of a Participants. The *Participants Risk Profile* sits within the existing *Person-Centred Planning* process.

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## Duty of care

The requirement a disability service must take reasonable care to avoid foreseeable harm to a participant.

## Guardian

A substitute decision-maker with authority to make personal or lifestyle decisions about the person under guardianship. A guardian is appointed for a specified period.

## Manager and Senior Management

For reporting purposes in this policy, the Manager or Senior Management is the next person in line to receive a report of abuse or to act on an allegation of abuse.

## Person responsible

Someone who has the authority to consent to treatment for an adult who is unable to give a valid consent to their own medical or dental treatment. Sometimes, a person is unable to make the decision or does not understand what the treatment is about or its effects. In these cases, the person responsible can give substitute consent on behalf of the other person.

A 'person responsible', in order of hierarchy, is:

1. a guardian (including an enduring guardian) who has the function of consenting to medical, dental and health care treatments or, if there is no guardian,
2. the most recent spouse or de facto spouse (including same sex partner) with whom the person has a close, continuing relationship or, if there is no spouse or de facto spouse,
3. an unpaid carer who is now providing care to the person or arranged/provided this support before the person entered residential care or, if there is no carer,
4. a relative or friend who has a close personal relationship with the person.

## Support person

In the context of this policy, a participant who has been abused may be required to talk to the police, a sexual assault worker or representative of a legal or victim's service and will need support at these times. The support person does not have the same function as the 'person responsible' and will not make decisions for the participants. The person may be a member of staff who is known and trusted by the participant. The support person may also be from an advocacy service.

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| Reviewing and approving this policy |                                                                        |          |
|-------------------------------------|------------------------------------------------------------------------|----------|
| Frequency                           | Person responsible                                                     | Approval |
| Every 3 years                       | Management Team<br>CEO and Board of Management Reviewing and Approving |          |

| Policy review and version tracking |               |             |                 |
|------------------------------------|---------------|-------------|-----------------|
| Review Item                        | Date Approved | Approved by | Next Review Due |
| 1- 21.01.2025                      |               |             |                 |
| 2. Whole Doc                       | 21.10.2025    | CEO         | 21.10.2028      |
| 3                                  |               |             |                 |

| Connecting/ Reference Policies             | Policy Number |
|--------------------------------------------|---------------|
| WHS Policy                                 | CCLO-WHS-019  |
| WHS Risk Management                        | CCLO-PAR-020  |
| Duty of Care                               | CCLO-PAR-013  |
| Privacy and Confidentiality                | CCLO-PAR- 032 |
| Employee Handbook                          | CCLO-ADM-009  |
| Psychosocial Hazards Policy and Procedures | CCLO-ADM-028  |

| Relevant Documents to Policy                                                                | Document Number |
|---------------------------------------------------------------------------------------------|-----------------|
| Employee Statement Abuse & Neglect ( Sexual, Physical, Emotional, and Discrimination Policy | 5.57            |
|                                                                                             |                 |
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