

Team meeting

**Early response to abuse or neglect
in disability services**

Sessions 1 and 2

March 2017

Contents

| | |
|---|-----------|
| Team meeting – Session 1 | 1 |
| What is the <i>Quick Guide</i> (and bigger <i>Resource Guide</i>) about? | 2 |
| Why do we need to know this information? | 2 |
| What do I do if a physical or sexual assault has just happened? | 3 |
| What do I do if a client starts to disclose abuse or neglect? | 4 |
| Protecting evidence | 5 |
| Reporting suspected or alleged abuse or neglect | 6 |
| Reporting to the Police | 7 |
| Reporting to the FACS Child Protection Helpline..... | 8 |
| Other action in response to alleged abuse by a staff member | 8 |
| Other actions in response to alleged abuse by a client | 9 |
| Consent and sexual relationships..... | 9 |
| Supporting clients after abuse and/or neglect | 10 |
| Support for clients in their contact with police..... | 10 |
| Team meeting – Session 2 | 13 |
| Case studies for discussion | 14 |
| Case study 1..... | 15 |
| Case study 2..... | 16 |
| Case study 3..... | 17 |
| Case study 4..... | 18 |
| Case studies for discussion (Manager’s copy) | 19 |
| Case study 1..... | 20 |
| Case study 2..... | 21 |
| Case study 3..... | 22 |
| Case study 4..... | 24 |

Team meeting Session 1

Make sure all staff have a copy of the *Quick Guide* at the team meeting

This package is designed for managers/supervisors to use to go through the Ombudsman's *Quick Guide* with staff in a team meeting.

In Session 1, you will use this material to go through the *Quick Guide*.

In Session 2, you will go through some case studies to test staff's understanding of the information.

Before you start, read through this document and make sure you have all the information and contact details you need.

Let staff know where they can find the documents (eg: the flow chart will be on the wall in the staff room).

Make sure you have read *Appendix 4* of the *Resource Guide* so you know what these forms of abuse mean before you talk to staff.

Tell staff where in the *Resource Guide* they can find more information.

What is the *Quick Guide* (and bigger *Resource Guide*) about?

The NSW Ombudsman has developed these documents to make it clear what we need to do in response to any incident of abuse and/or neglect of the people with disability we support.

There is a:

- **Resource Guide** – this is the comprehensive guide about what we need to do. Go to this document to get detailed information.
- **Quick Guide** – this is the short version of the *Resource Guide*, and it's what we're going to focus on in this team meeting session. It gives you the key points you need to know.
- **Flow chart** – this provides the key steps on one page, and will help you to quickly know what to do in response to a serious incident.

The information is designed to help you:

- be aware of some of the signs of possible abuse and neglect, and
- know what you need to do if you see, hear or suspect that abuse or neglect is happening in relation to the people we support.

Why do we need to know this information?

Go to page 2 of the *Quick Guide*

People with disability are much more likely to experience abuse than the general population, including:

- physical abuse
- sexual abuse
- psychological or emotional abuse
- domestic violence
- financial abuse
- unlawful restraint and restrictive practices
- neglect, and
- systems abuse

Make sure you have read *pages 4-6* of the *Resource Guide*, and are familiar with the signs that can indicate abuse and neglect.

Let staff know who in the service they should talk to if they see any changes/ signs of possible abuse.

Tell staff which 'manager or other senior person' in your service they should contact following any assault.

Q: What are some examples of the above forms of abuse?

Abuse and neglect can occur anywhere, including work, respite, travel, day programs, therapy, and accommodation.

It can be very difficult for people with disability who live in supported accommodation to speak up about abuse and neglect. There are many reasons for this, including a fear of speaking up; a fear of not being believed; reliance on staff for ongoing support; and communication difficulties.

You are in a good position to know when something is wrong for the people you support. It is important that you look out for possible physical or behavioural signs of abuse or neglect, and take action.

Have a look at the signs of abuse that are listed on *pages 4-6* of the *Resource Guide*. Any signs you see must be:

- recorded (eg: in client progress notes; communication book), and
- discussed with your management/response team.

Some signs might seem minor by themselves. However, it is important that they are identified and reported as they can help to form a bigger picture of what is happening for the person you support.

Page 6 of the *Resource Guide* also provides examples of warning signs to be alert to in staff members that may indicate the potential for abuse or neglect (or that they may be crossing professional boundaries). Make sure you have read this information, and report any signs or concerns with your management/response team.

If you see, hear, or suspect anything – report it!

What do I do if a physical or sexual assault has just happened?

All three documents – the *Resource Guide*, the *Quick Guide*, and the *Flowchart* – clearly state what you need to do immediately after a physical or sexual assault to ensure safety. Read the information in the *Quick Guide* now and make sure you know what to do.

Make sure you have read *section 6* in the *Resource Guide* (pages 9-11), and have access to this information during the staff meeting so you can provide more information as needed.

Make sure staff know how to make a report (how to complete and lodge the incident report).

More information about what to do and what not to do is on page 11 of the *Resource Guide*.

What do I do if a client starts to disclose abuse or neglect?

If a client wants to tell you ('make a disclosure') about current or previous abuse or neglect, it is important that you support the person as much as possible – including taking the time to listen, and helping them to use any communication tools they need.

People may disclose abuse at any time. If the client is supported when they first tell a staff member, they are more likely to disclose the abuse during a formal investigation.

Go to page 3 of the *Quick Guide*

Can I ask questions?

- When a client has provided information that gives you a general understanding of their allegation, DO NOT keep questioning them – you might affect an investigation. **Report the information to your management/response team as soon as possible.**
- If the client doesn't give a picture of what might have happened, you may need to ask them some questions. However, any questions you ask must be **open** questions. Open questions can't be answered by 'yes' or 'no' (see the examples in the *Quick Guide*).
- STOP asking questions as soon as you have enough information to make a report.
- If you can't get enough basic information from asking open questions, as a last resort you could ask questions starting with **Who? What? When? Where?** (see the examples in the *Quick Guide*).
- NEVER ask **leading** questions (see the examples in the *Quick Guide*).

Q: 'Was it Fred who did this to you?' is a leading question. How could you ask this question differently?

(Answer: 'Who did this to you?')

DO listen and support, stay calm, and let the person take their time. Reassure them that they have done the right thing in telling you about it, and let them know what you will do next (in a way they will understand).

More information about protecting evidence is in pages 12-13 of the *Resource Guide*

See pages 12-13 for more details about sexual assault examinations and consent

DON'T ask the client to repeat what they have already told you. Don't make promises you can't keep (such as telling them that you will keep the abuse a secret).

Make notes as soon as possible to help you to make a report. **DO NOT** make a formal record of interview – this is a job for police or other investigators.

Go to page 4 of the Quick Guide

Protecting evidence

It is important that you do what you can to protect any evidence if there has been abuse or an unexplained serious injury. Some of the key things include staff (as much as possible):

- protecting the area where the incident took place – don't clean and don't allow anyone to enter until police arrive
- delaying the client showering, bathing or wiping themselves clean until the police arrive or they've been seen by a Sexual Assault Service
- encouraging the client not to change their clothing, and
- making sure that electronic and hard copy documents are kept.

The above points also apply when a client is found to have an unexplained injury (such as bruising, burns, fractures). There may have been a criminal offence (such as an assault), and evidence will be needed to work out what happened.

Sexual assault and examination

It is critical that forensic evidence (evidence relating to crimes) is collected quickly. Victims of alleged sexual assault should attend a Sexual Assault Service as soon as possible.

However, even if the client hasn't been able to get there quickly (eg: because they didn't want to or were too distressed to go), you should still help them to go so they can be checked out and provided with support.

You need to know that the sexual assault examination process can be very difficult. The client will need your support and reassurance. There can also be long waiting periods in hospital – you need to plan carefully to try to minimise stress on the client.

Make sure you have looked up the contact details for the local Sexual Assault Service (see *Appendix 1 of the Resource Guide*) so you can put them in a handy spot in the staff room, and tell staff where they can find them.

Q: What might be some ways staff could help to minimise stress for the client?

Examples may include:

- ensuring the client has someone with them they know and trust
- ringing the Sexual Assault Service before leaving home to let them know the client has a disability and may need a faster process, and
- taking along any items or belongings that may be a comfort to the client.

Consent

The sexual assault worker and medical/ forensic examiner have to get consent and consult with the client and their guardian (if they have one). If the client is not able to give informed consent to a sexual assault examination, there must be a substitute decision-maker.

Important: the health practitioner is responsible for obtaining informed consent. You can find more information in section 7 of the *Resource Guide* about what consent is required for, and who can provide it.

Reporting suspected or alleged abuse or neglect

You can become aware of possible abuse or neglect in many different ways, including seeing signs of potential abuse; disclosure by a client; witnessing the event; and information provided by another person.

When you become aware of possible abuse and/or neglect, write it down:

- Record the details of what the victim (or other person) has told you.
- Don't interview the person who allegedly committed the abuse.
- If you witness any abuse, record what you saw and heard, and what you did.
- Record details of any witnesses (including staff, clients, and others)
- Don't include your opinions – only the facts.
- Sign and date what you write.

Make sure staff know the incident reporting process in your service and who in management they should give their notes to.

Check that staff know what incidents are required to be reported in your service.

Make sure staff know who in your service is responsible for contacting guardians and family members to advise them of alleged abuse.

Make sure staff know your service's procedures for making a report to police – have the details handy in the meeting.

Go to page 5 of the Quick Guide

Give your notes to your management/response team, and keep a copy for yourself. All notes should be kept confidential and secure.

If you have contact with police or other investigators, tell them you have kept notes, and provide them when you're asked. If you need to give a statement to police or appear in court as a witness, your notes will be important.

When in doubt, report it!

What if negative action is taken against me for making a report?

If you believe that you are being targeted or have had negative action taken against you because you made a report, raise it as soon as possible with your management/response team. If you believe that the management/response team is involved in the negative action, raise it with more senior management.

You can also contact the NSW Ombudsman's office to discuss your concerns.

Informing guardians, families and other supporters

If the client has a guardian, they should be immediately told about the alleged abuse.

If the client has provided consent (or they are not able to provide informed consent), their family and/or other supporters should be quickly informed so they can help the person with support and decision-making.

However, generally your management/response team will make these decisions (and the contact).

Reporting to the Police

If you're not sure whether a report needs to be made to police, speak with your manager or NSW Police.

Make sure you know your service's procedures for making a report to police (including who is responsible for making a report).

Make sure you have looked up the contact details for your Police Local Area Command so you can put them in a handy spot in the staff room, and tell staff where they can find them.

There is a lot more information on *pages 16-17 of the Resource Guide*, including what staff need to do to help any alleged victim to make an informed decision about whether they want the matter reported to police.

Only talk to this section if your accommodation service supports children or young people – see *page 17 of the Resource Guide* for more information.

See *page 18 of the Resource Guide* for more information.

Reporting alleged abuse by a staff member

Any allegation of a criminal offence by a staff member against a client **must** be reported to the Police.

Reporting alleged abuse by a client

Any allegation of a sexual offence or serious physical assault by a client against another client **must** be reported to the Police.

For other matters, disability services have discretion not to call police where no-one is hurt and the victim does not want police action. This is particularly the case where the clients may not understand what they have done or the consequences.

However, disability staff **must** talk with the alleged victim to find out their wishes first. If they are not able to make an informed decision about whether they want the matter reported to police, staff should talk with the person's guardian, family or other supporters. This contact should generally be made by your management/response team.

Go to page 6 of the Quick Guide

If a report about a client is made to the Police, staff **must** tell them that the client is a 'vulnerable person'. Police then have to arrange a support person to be present before an interview occurs.

Reporting to the FACS Child Protection Helpline

Where a child is at risk of significant harm, staff **must** also make a report to the FACS Child Protection Helpline. There is a 'Mandatory Reporters Guide' on the FACS website to help staff to work out whether a child protection report needs to be made.

Other action in response to alleged abuse by a staff member

The main focus of the management/response team in response to alleged abuse by a staff member will be whether they need to make a report to the Police and/or take disciplinary action.

See pages 18-19 of the *Resource Guide* for more information.

Page 19 of the *Resource Guide* includes details of what should be included in the review.

See pages 19-20 of the *Resource Guide*.

Even if the client, families or others say they don't want police to be told that a sexual or physical assault has occurred, a report to police must be made because the service has a duty of care to the victim and other clients (ie: others may also be at risk). However, while the service must report the alleged assault, the victim can choose not to make a statement to police.

Appendix 8 of the *Resource Guide* has information about what you should do if an allegation is made about you.

Other actions in response to alleged abuse by a client

Intellectual disability (and other conditions) can affect a client's control of, and responsibility for, their actions.

There can be a range of factors involved in violence or other abuse by a client in supported accommodation, such as their health or mental health, and whether they like and get along with the people they live with and the staff that support them.

The main focus in responding to client to client abuse should be on managing and reducing risks, including working out:

- what caused the abuse, and
- what action needs to be taken, and what support needs to be provided, to stop this abuse from happening again.

As part of the response, the service should review the circumstances as soon as possible.

Go to page 7 of the *Quick Guide*

Consent and sexual relationships

People with disability have the right to have sexual relationships, the same as everyone else. If you know your clients well, you will be in a good position to tell whether they are uncomfortable with a particular relationship. Consent needs to be ongoing if the relationship is to continue.

It is important to know that, under the law:

- **consent must be given freely and voluntarily, and**
- **a person can't consent if they lack capacity due to age or cognitive impairment.**

See pages 20-21 of the *Resource Guide*.

Make sure you have read pages 21-24 of the *Resource Guide* to answer any questions staff may have.

If you're not sure if a client is able to give informed consent, you might need to involve a psychologist or other professional. Sex education may help a client's ability to provide informed consent. You can find some good factsheets 'All About Sex' on the Family Planning Association website that can help people with intellectual disability and their support staff.

Any sexual relationship between a staff member and client is unethical and a clear breach of codes of conduct. If the client has a cognitive impairment, it is also a **criminal offence** – even if the client consented.

Supporting clients after abuse and/or neglect

You play an important role in helping clients after abuse and neglect. You need to be aware of the impact of trauma on your clients, including that it can result in clients continuing to feel unsafe, even long after the event.

You need to help to link clients who have experienced abuse to the services they need, such as counselling. The *Quick Guide* gives you information about some places to find suitable counsellors. You can find more information in pages 20-21 of the *Resource Guide*.

Support for clients in their contact with police

Alleged victims

When your client is a victim, you must do everything possible to help them to tell their story and make their wishes known to police.

You need to provide clear information to police about the victim's disability, support needs, health/medication needs, and whether they have an appointed guardian or have informal support from family/friends.

You may need to provide help to police to communicate with the client, such as by providing their communication aide.

Go to page 8 of the *Quick Guide*

If a victim needs to go to a police station to be interviewed, ask them (and any appointed guardian) whether they agree to go.

If you are a witness, you should not be present when a client is being interviewed.

Alleged offenders

A client who is an alleged offender doesn't have to make any statement to the Police, and should receive legal advice before they decide whether to be involved in an interview.

The Criminal Justice Support Network can provide access to free legal advice (and support people) for suspects with intellectual disability. Their contact details are in the *Quick Guide*, the *Flowchart*, and the *Resource Guide*.

If you go with an alleged offender with disability to a police station, don't try to give legal advice or instruct the client to 'tell the police what happened'.

When there is a client to client assault, the alleged offender should have an independent support person.

Team meeting

Session 2

Have copies of the case studies (without the questions) available for all staff attending the meeting.

Have additional copies of the *Quick Guide* available for staff (and the *Resource Guide* for you).

Go through the case studies with staff and ask the questions in italics.

In the last meeting, we went through the Ombudsman's *Quick Guide* on responding to abuse and neglect in disability services.

In this follow-up session, we're going to have a look at some case studies, and test your understanding of the information in the *Quick Guide* (and the related *Flowchart*).

Case studies for discussion

Case study 1

Maria has Down syndrome and a severe intellectual disability, and is not able to communicate verbally. She lives in a group home with four other adults, attends a day program four days per week, and sees her family on a regular basis.

Over the last month, you have noticed that Maria’s behaviour has changed. She seems anxious and angry, and is not sleeping very much. She has started hitting one of the other residents, Paul, and is very unsettled when she comes home from the day program. She has also been refusing to do certain activities in response to staff’s requests, including showering.

What might be going on here?

What should you do?

Case study 2

Sanya and John are staying in centre-based respite over the weekend, along with another adult with disability. All of the clients have an intellectual disability, and are able to communicate verbally.

You start your shift in the house on Sunday morning. While you are with Sanya in the kitchen preparing some breakfast, she tells you that John has been hurt by the staff member who was on night shift, Alan.

You go to John and find that there are signs of bruising on his arms, and red marks on his legs and back. John tells you that Alan hurt him with his penis, he didn't want to do it, and he wants to go home.

You have worked with Alan many times and there has never been an issue. You are aware that this is John's first time in respite.

What should you do?

Case study 3

Gary has an intellectual disability and an anxiety disorder. He lives with three other adults in supported accommodation, including Simon, who has an intellectual disability and autism.

There are frequent incidents involving Gary and Simon in the group home. Gary gets angry when Simon moves his things, and Simon gets upset when Gary affects his routine and doesn't put things where they need to be.

At lunchtime, Simon took Gary's plate away before he had finished eating. Gary yelled at Simon, pushed him over, and kicked him a number of times in the ribs and face. You manage to physically separate Gary and Simon, and find that Simon has been seriously injured and has blood on his face.

What should you do?

What if the contact between Gary and Simon was less serious (eg: Gary pushed Simon hard in the back and Simon fell to the floor). What should you do in this instance?

Case study 4

Nicole is a 23-year-old woman with a mild intellectual disability who lives in a house with two other adults with intellectual disability. They go to work and receive 20 hours per week drop-in support to help them with meal preparation, shopping, medication, and finances.

While you're helping Nicole with shopping, she tells you that she wants to buy some nice underwear so she can look good for a staff member, Daniel. Nicole says that Daniel has told her that he prefers women who wear red underwear, so that's the colour she wants to buy.

What should you do?

If Nicole told you that Daniel has had sex with her, what should you do?

Nicole has mild intellectual disability. She tells you that she was not forced to have sex with Daniel – she started it. What should you do?

What if Nicole has a history of making up stories about her contact with male staff members – what should you do in this instance?

What else could you do in this matter?

Case studies for discussion (Manager's copy)

Case study 1

Maria has Down syndrome and a severe intellectual disability, and is not able to communicate verbally. She lives in a group home with four other adults, attends a day program four days per week, and sees her family on a regular basis.

Over the last month, you have noticed that Maria's behaviour has changed. She seems anxious and angry, and is not sleeping very much. She has started hitting one of the other residents, Paul, and is very unsettled when she comes home from the day program. She has also been refusing to do certain activities in response to staff's requests, including showering.

What might be going on here?

- Possible abuse (change in behaviour and sleep patterns, reluctance to shower, etc).
- Possible health problems – could be related to pain or discomfort, or neurological changes.
- Possible changes in her environment – changes in staff at home or day program, change in clients at home or day program, change in routine, etc.
- Other factors.

What should you do?

- **(NB:** incident reports should have been made in relation to Maria hitting Paul).
- Record what you have seen and heard. Stick to the facts – do not include your opinions.
- Report the issues to management.

Case study 2

Sanya and John are staying in centre-based respite over the weekend, along with another adult with disability. All of the clients have an intellectual disability, and are able to communicate verbally.

You start your shift in the house on Sunday morning. While you are with Sanya in the kitchen preparing some breakfast, she tells you that John has been hurt by the staff member who was on night shift, Alan.

You go to John and find that there are signs of bruising on his arms, and red marks on his legs and back. John tells you that Alan hurt him with his penis, he didn't want to do it, and he wants to go home.

You have worked with Alan many times and there has never been an issue. You are aware that this is John's first time in respite.

What should you do?

- Call the Police.
- Contact your manager or other senior person in your service.
- Provide reassurance to John and let him know what you are doing.
- Make sure that any evidence (including bedsheets, clothing, etc) is not disturbed. Do not clean.
- Protect the area where the incident took place until police arrive. Do not let people enter the area.
- Try to delay John from bathing or wiping himself until police arrive.
- Encourage John not to change his clothing unless he absolutely has to.
- Record the details of what John and Sanya told you, using their exact words if possible.
- Record what you saw and heard, what you did, and the details of any witnesses. Stick to the facts – do not include your opinions.
- Submit the report to management as soon as possible after the event.

Case study 3

Gary has an intellectual disability and an anxiety disorder. He lives with three other adults in supported accommodation, including Simon, who has an intellectual disability and autism.

There are frequent incidents involving Gary and Simon in the group home. Gary gets angry when Simon moves his things, and Simon gets upset when Gary affects his routine and doesn't put things where they need to be.

At lunchtime, Simon took Gary's plate away before he had finished eating. Gary yelled at Simon, pushed him over, and kicked him a number of times in the ribs and face. You manage to physically separate Gary and Simon, and find that Simon has been seriously injured and has blood on his face.

What should you do?

1. Ensure immediate safety

- Make sure that clients, you and other staff are safe.
- Protect Simon from further harm/contact with Gary.
- Contact the Police (note: it is a serious physical assault).
- Call for an ambulance for Simon.
- Contact your manager or other senior person in your service.

2. Report

- Record what happened – what you saw and heard, what you did, and the details of any witnesses. Submit your report.

3. Support clients in their contact with police

- Tell the police officers that both clients are 'vulnerable persons'.
- Provide information about the clients' disabilities, support needs, health/medication needs, and whether they have a guardian or informal support to make decisions.
- Get an event number, details of the officer(s), what information can be shared, and what will happen next.
- **NB:** also useful to provide the contact details of the Intellectual Disability Rights Service so that Gary can access legal advice and a support person.

What if the contact between Gary and Simon was less serious (eg: Gary pushed Simon hard in the back and Simon fell to the floor). What should you do in this instance?

- Redirect Gary away from Simon/protect Simon from further harm.
- Check whether Simon needs medical assistance.
- Contact your manager or other senior person in your service.
- Find out whether Simon wants the matter to be reported to police (this conversation should take place away from Gary, and should involve Simon being provided with information about what reporting to police generally involves and what it means for them). Nb: staff must not influence Simon's decision. If Simon is unable to make an informed decision about this, all relevant information should be given to his guardian, family member or other supporter to help them to make an informed decision (see *page 16* of the *Resource Guide*).
- Record what happened – what you saw and heard, what you did, and the details of any witnesses. Record the details of the discussion with Simon. Submit your report.

Case study 4

Nicole is a 23-year-old woman with a mild intellectual disability who lives in a house with two other adults with intellectual disability. They go to work and receive 20 hours per week drop-in support to help them with meal preparation, shopping, medication, and finances.

While you're helping Nicole with shopping, she tells you that she wants to buy some nice underwear so she can look good for a staff member, Daniel. Nicole says that Daniel has told her that he prefers women who wear red underwear, so that's the colour she wants to buy.

What should you do?

- Ask open questions to get more info about Nicole's contact with Daniel (stop asking questions when you have a general understanding and enough information to make a report).
- Record the details of what Nicole has told you, using her exact words if possible. Stick to the facts – do not include your opinions.
- Record what you did.
- Report the matter to management.

If Nicole told you that Daniel has had sex with her, what should you do?

- Call the Police.
- Contact your manager or other senior person in your service.
- Tell the police officers that Nicole is a 'vulnerable person'.
- If recent, make sure that any evidence (including bedsheets, clothing, etc) is not disturbed. Protect the area where the incident took place until police arrive. Do not let people enter the area. Try to delay Nicole from bathing or wiping herself until police arrive.
- Record the details and submit the report (as above).

Nicole has mild intellectual disability. She tells you that she was not forced to have sex with Daniel – she started it. What should you do?

- Any sexual relationship between a staff member and a client with a cognitive impairment is a criminal offence – even if the client consented.
- You need to report the matter to the Police and take the same steps as above.

What if Nicole has a history of making up stories about her contact with male staff members – what should you do in this instance?

- All allegations must be taken seriously. It is not your job to prove whether it is true or not – you must report the allegations to the Police and management, irrespective of what may have occurred in the past.

What else could you do in this matter?

- Support Nicole to understand appropriate/ inappropriate relationships.
- Look at what assistance Nicole (and possibly the other clients) may need to build social networks and connect with others.

Contact us for more information

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