Preventing and responding to abuse, neglect and exploitation of people with a disability

Tips and resources booklet
for service managers and staff

Queensland Government
Disability Services Queensland

making a difference for people with a disability

Contents

Introduction

People with a disability are considered one of the groups most vulnerable to abuse, neglect and exploitation.

To improve safeguards for people with a disability and increase the capacity of service providers to respond to incidents of abuse, neglect and exploitation, Disability Services Queensland has developed this booklet of tips and resources, supporting fact sheets and promotional items.

This booklet covers a wide range of topics relating to the prevention of abuse, neglect and exploitation of people with a disability within an organisational context.

It is divided into five sections that deal with various aspects of abuse prevention. These include:

- identifying and responding to abuse, neglect and exploitation
- behaviour management
- abuse prevention in the service context
- policies and evaluation
- references and links.

Each section contains resources that can be used to integrate prevention strategies and principles into the organisational culture of disability service providers.

The tips and resources are not designed as a set of procedures, but rather as tools to help disability service providers ensure that there are adequate safeguards in place for people with a disability who access their services. Each section can be used as a reference tool when required.

This information is targeted specifically at services provided or funded by Disability Services Queensland. It is expected that the information will be promoted both in everyday practice and in information-sharing initiatives.

It is recommended that this booklet be read in conjunction with the service policy on Responding to Abuse, Neglect and Exploitation of People with a Disability. This can be obtained by calling 1800 177 120 or visiting www.disability.qld.gov.au

Identifying and responding to abuse, neglect and exploitation

1. Some indicators and signs of abuse, neglect and exploitation

Abuse, neglect and exploitation can take many forms. Being aware of common indicators may improve your recognition of and response to them. Although no single behaviour is an absolute indicator of abuse, neglect and exploitation, some examples have been provided in the table below.

Type of abuse	Physical indicators	Behavioural signs
Physical abuse	• unexplained cuts, abrasions, bruising or swelling, in various stages of healing • unexplained burns or scalds including cigarette burns, especially on soles, palms, back or buttocks • rope burns on arms, legs, neck, torso • unexplained fractures, strains or sprains, especially to skull, nose or facial structure; dislocation of limbs • bite marks • dental injuries • ear or eye injuries • ligature marks • welts	• avoidance of particular staff • fear of a particular person • sleep disturbance • obvious changes in behaviour • changes in appetite • changes in daily routine • unusual mood swings • withdrawal • unusual passivity • out-of-character aggression • self-harm • inappropriate explanation of how an injury occurred • excessive compliance
Sexual abuse	• direct or indirect disclosure of abuse or assault • difficulty walking or sitting • pain or itching in genital and/or anal area; bruising, bleeding or discharge • self-abusive/self-destructive behaviour • attempts at suicide • torn, stained or blood-stained underwear or bedclothes • sexually transmitted diseases • trauma to the breasts, buttocks, lower abdomen or thighs • unexplained money or gifts • pregnancy	• 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 • refusal to attend usual places (e.g. work, school, respite) • depression • going to bed fully clothed • excessive compliance to staff
Psychological/ emotional abuse	• speech disorders • in the case of a child, there may be lags in physical development or a non-organic failure to thrive • injuries sustained from self-abuse or self-destructive behaviours • suicide attempts • anxiety attacks	• self-harm or self-destructive behaviour • challenging/extreme behaviours • excessive compliance • very low self-esteem • depression • feelings of worthlessness • marked decrease in interpersonal skills necessary for adequate functioning • extreme attention-seeking behaviour
Chemical abuse	• prescribed medication withheld by a staff member, service provider, carer or support person • medication administered by a staff member, service provider, carer or support person more frequently than prescribed or warranted	• persistent over-activity • unusual levels of confusion

Type of abuse	Physical indicators	Behavioural signs
Unauthorised restrictive practices	• physically preventing the free exit of the adult from the premises • person physically isolated (e.g. locked in a room alone)	• excessive compliance • avoidance of a particular staff member, service provider, carer or support person • out-of-character aggression • unexplained injuries such as abrasions, cuts, strains or sprains
Financial abuse	• no access to 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	• person has insufficient money to meet normal budget expenses • person is persistently denied outings and activities due to a lack of funds
Legal or civil abuse	• consistent denial of access by person to telephone or Internet	• person does not seek privacy to undertake activities which would normally be undertaken in private • person indicates they have no-one to speak to about things they are unhappy about
Systemic abuse	• 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 insufficient training to staff on duty of care and policies and practices related to abuse	• 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 wasting, unhealthily thin • poor dental health, smelly mouth • 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 • clothes unwashed • ill-fitting clothes • person is always over- or under-dressed for the weather conditions • food provided is consistently of poor quality, insufficient, inedible and/or unappetising to the person	• constant tiredness • always hungry • 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 etc. • person is persistently denied opportunities to socialise with others in the community

2. Responding to abuse, neglect and exploitation

Anyone who witnesses or is notified about an incident or allegation of abuse, neglect and exploitation in relation to a person with a disability should take action.

People working in the disability services sector, schools or health services should be familiar with the specific policies and procedures for responding to abuse, neglect and exploitation that apply within their organisation.

In all other instances, when responding to abuse, take the steps below:

STEP 1: Protect the person

Make the person who has experienced abuse safe, provide medical assistance as required, and/or remove the source of harm or potential harm from the person. This could include other people, harmful objects etc.

Explain to the person what is happening and that it is not their fault.

STEP 2: Preserve and record the evidence

Where relevant, and especially for potentially criminal acts, maintain the scene of the incident, take photos and protect any personal articles involved. Write down what you know. Include what you know about the situation, the people and services involved, and any witnesses. Consider telling someone you trust. This is how you show what happened.

STEP 3: Report the incident — act quickly and ensure that someone responds

All deaths and criminal acts must be reported to the Queensland Police.

All information and reports must be kept confidential to protect people's rights and privacy.

This is what to do if you see an incident or have one reported to you:

- **Staff and managers in funded disability services:** Report the incident/complaint immediately (or as quickly as possible if outside normal business hours) to your line manager or an appropriate person within your organisation who is not involved in the matter. Immediately report criminal acts or deaths to the police. In line with your service's policies, record the complaint, write an incident report and follow processes for dealing with incidents, complaints and allegations.
- **Staff and managers in DSQ-provided disability services:** Make verbal and written critical incident reports following the procedures in the Critical Incident Reporting Policy and Critical Incident Reporting Procedures. Incidents must be reported immediately or within given timelines, and criminal activities and deaths must immediately be reported to the police by the senior manager and, in the case of a reportable death, to the coroner.
- **People with a disability, families, carer, support persons and friends:** Report a criminal act or death immediately to the police. Where the matter relates to an individual or group within a service, it is normally advisable to contact management at the service to see if it can be satisfactorily dealt with through the organisation's complaints resolution processes and/or in conjunction with the police before taking it to other authorities.

STEP 4: Support the person who has experienced abuse as well as the informant or complainant. Protect them from retribution

Take steps to support the person who has experienced abuse and the informant. Ensure that they are not subject to retribution and stop any attempts at further abuse or retribution. Services are required to have policies and procedures in place to ensure support and protection both for people who have experienced abuse and for informants, and to prevent retribution. Actions may include involving victim support services, counselling for staff, clients or other informants, temporarily moving persons who have experienced abuse and informants, and/or suspending staff suspected of perpetrating abuse.

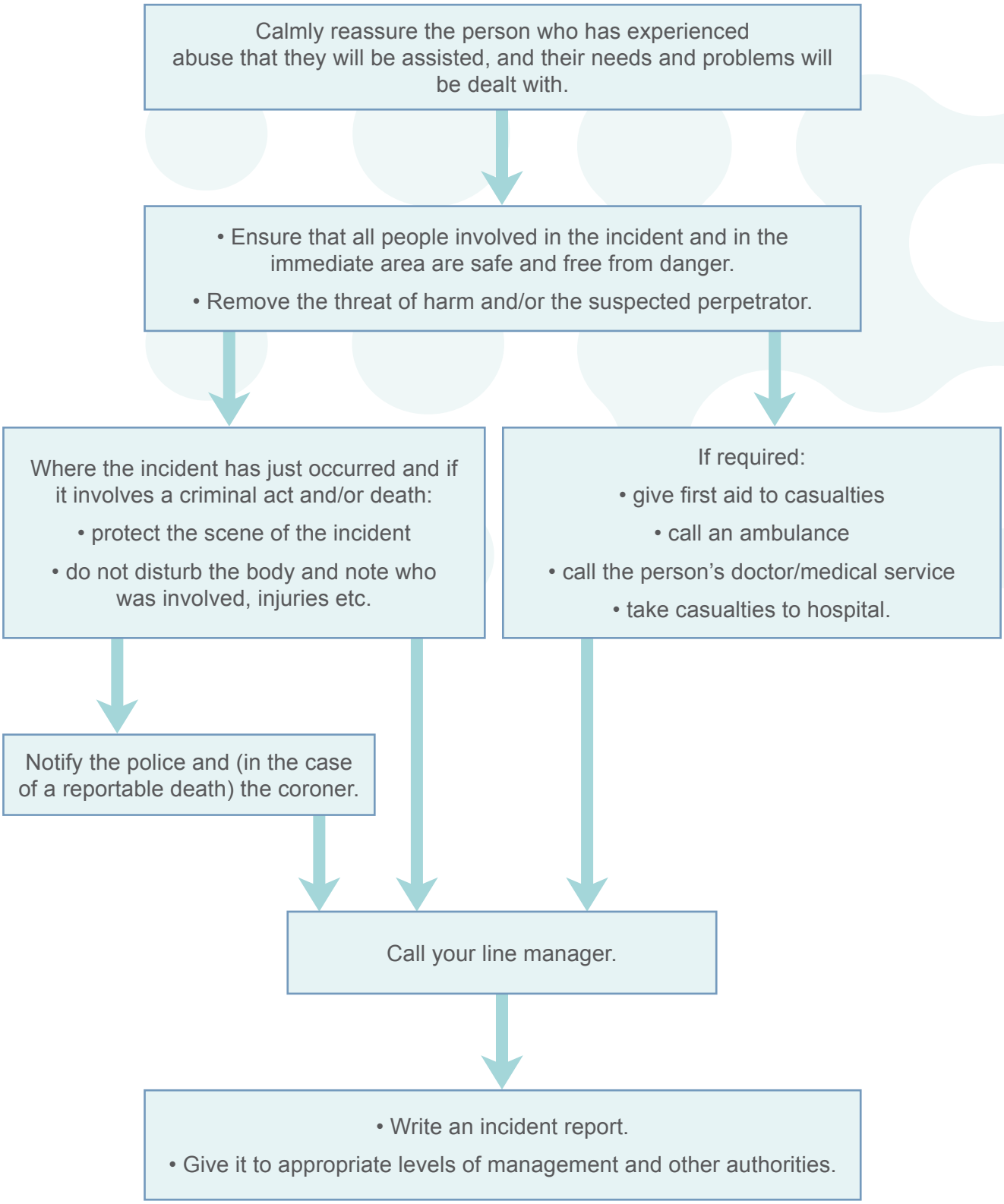
STEP 5: If necessary, take the matter further

If the matter is not resolved satisfactorily through internal processes at a service, or a complainant or whistleblower does not feel able to safely take it up with service management, the matter can be taken further. Whom to contact next depends on what type of matter it is and what has happened already.

When an incident of abuse, neglect and exploitation occurs or is reported, service staff and managers should follow their organisation's policies and procedures, which should reflect the steps outlined on the previous page.

The diagram below is an example of the process service providers might follow when responding to an incident of abuse, neglect and exploitation. Please note that this process will usually occur over a short time period, with some actions occurring simultaneously.

Diagram 1: Example of a service provider's immediate response to an incident



3. Roles of the key response agencies

These are the roles of the key response agencies in dealing with abuse, neglect and exploitation:

- **Queensland Police Service:** The primary law enforcement agency for Queensland with main roles including upholding law, preventing crime, detecting offenders and bringing them to justice. Also responds to requests for assistance and investigates criminal matters.
- **Community Visitor Program:** Safeguards the interests of adults with impaired capacity in residential or respite facilities. Community visitors regularly visit facilities to make inquiries about the adequacy and standard of services, resolve complaints and, if unresolved, refer them to higher levels within the service or to external agencies where appropriate or required by law.
  Telephone: 1300 302 711
- **DSQ Complaints and Prevention Unit (CPU):** Provides a system for resolving complaints and concerns about any service that DSQ funds or provides. The CPU will assist any person to make a complaint, assess it and take appropriate action to reach an acceptable resolution.
  Telephone: 1800 177 120
- **The Office of the Adult Guardian:** An independent statutory officer, the Adult Guardian has discretion to conduct an investigation into allegations of abuse, neglect and exploitation of an adult with impaired capacity. The Adult Guardian can be appointed by the Guardianship and Administration Tribunal (GAAT) to make decisions for and represent adults who are not able to make decisions for themselves on personal and/or health matters including legal matters not related to finances or property.
  Telephone: 1300 653 187
- **The Public Trustee:** The Public Trustee can be appointed by the GAAT to administer and make financial and legal decisions. These are related to financial matters on behalf of adults who, due to an impairment, are unable to administer their financial and legal affairs themselves.
  Telephone: 3213 9288
- **National Disability Service Abuse and Neglect Hotline:** An Australia-wide telephone referral service that accepts reports of abuse and neglect of people with a disability using funded services. Anyone can call the hotline to report cases of abuse or neglect. Allegations are referred to the appropriate authority for investigation.
  Telephone: 1800 880 052;
  Telephone typewriter (TTY): 1800 301 130;
  Translating and Interpreting Service (TIS): 131 450
- **The Queensland Ombudsman:** Investigates and, if required, makes recommendations to public agencies to correct decisions and resolve complaints about the actions and decisions of state and local government agencies (and staff). The ombudsman will act only after a complainant has unsuccessfully followed all other appropriate channels to resolve the complaint.
  Telephone: 1800 068 908
- **Queensland Crime and Misconduct Commission (CMC):** Investigates complaints of misconduct in the public sector made by members of the public or by official sources. The CMC does not have jurisdiction over non-government service providers. The CMC may investigate a complaint, or require a public sector agency to investigate misconduct itself while the CMC monitors the investigation.
  Telephone: 1800 061 611
- **The Public Advocate:** Identifies situations of abuse, exploitation or neglect of people with impaired capacity due to shortcomings in the systems or facilities of a service provider, and reports findings to State Parliament. The Public Advocate responds to complaints at a systems level and does not deal with individual cases.
  Telephone: 3224 7424

4. Risk factors for abuse, neglect and exploitation

The table below provides a template that service staff could use to assess an individual's exposure to risk of abuse, neglect and exploitation. Based on an assessment of circumstances, staff might develop strategies to reduce risk for that person.

Service characteristics	Strategies to reduce risk
☐ Segregated service environments (e.g. residential care facilities, sheltered employment) ☐ Overcrowding ☐ Incompatibility between residents and/or co-workers or other service users ☐ Clients not valued and respected ☐ Tolerance of violence ☐ Lacking quality management systems ☐ High staff turnover	
Family characteristics	**Strategies to reduce risk**
☐ Low levels of attachment between family members (parent–child, sibling relationships) ☐ Past or current substance abuse ☐ Perceived caregiver stress ☐ Social isolation ☐ Power and control issues ☐ Poor health and wellbeing, including social determinants such as low income, inadequate housing etc. ☐ Negative attitudes towards people with a disability demonstrated by family members ☐ High levels of dependency (either on or by the person with a disability) ☐ Lack of awareness and use of formal supports ☐ History of family violence and attitudes suggesting a tolerance of family violence	

Individual characteristics	Strategies to reduce risk
☐ Social isolation and lack of close relationships ☐ Communication difficulties ☐ Challenging or disruptive behaviour ☐ Risk taking and reckless behaviour ☐ Inappropriate sexual behaviour ☐ Learnt over-compliance or complete dependence on caregivers ☐ Limited physical mobility ☐ Limited sense of personal power ☐ Low self-esteem ☐ Low income or restricted access to resources ☐ Limited sex education or age-appropriate sexual experiences ☐ High tolerance of violence ☐ Lack of self-protection skills ☐ Limited life experiences ☐ Lack of knowledge of rights	

This list of characteristics is not exhaustive and other factors may also contribute to or increase a person's risk.

Please note

A number of people with a disability have significant communication and sensory issues, and as a result may have difficulty raising concerns about incidences of abuse, neglect and exploitation. It is essential that people with communication and sensory issues are provided with appropriate communication tools.

Behaviour management

5. Behaviour management

Challenging behaviour

Available evidence suggests that around 10–20 per cent of children and 10 per cent of adults with severe disabilities display some challenging behaviour, though this is not always aggressive or injurious.

The term 'challenging behaviour' is used to describe more serious problems, for example:

> *Behaviour of such intensity, frequency or duration that the physical safety of the person or of others is placed in serious jeopardy, or behaviour that is likely to seriously limit or deny access to the use of ordinary community facilities.*

Some examples of challenging behaviour include aggressive or self-injurious behaviour, screaming, constant swearing and shouting, throwing dangerous objects and inappropriate overt sexual behaviour.

People using these behaviours are sometimes described as having 'high support needs' or 'complex needs'.

The presence of challenging behaviour can substantially heighten the risk of abuse or violence in two ways:

1. There may be a risk of violence against other people including relatives, support staff, other disability support service users or members of the public.
2. Others may respond to the behaviour in a way that is excessively harsh or inappropriate, resulting in abuse or violence against the person with a disability.

Contributing factors

People with impaired intellectual and/or cognitive function, communication difficulties and/or limited decision-making capacity are at risk of developing challenging behaviour.

Development of aggressive forms of challenging behaviour is strongly associated with self-injury and may begin in childhood or as a response to life circumstances at any age.

Contributing factors may include a combination of:

- poor environment
- limited life experiences
- low self-esteem
- isolation or rejection
- past or current abuse, neglect or violence
- boredom and frustration
- incompatibility with co-residents or siblings
- limited opportunities for choice or self-determination
- inadequate support from caregivers
- lack of appropriate means of communication.

Protection from inappropriate practices

The use of harsh or inappropriate behaviour management strategies and practices in services for people with a disability perpetuates cycles of violence. Examples of abuse, neglect and exploitation include:

- physical abuse — all forms of physical contact that are either painful or in excess of reasonable force, such as hitting, kicking, punching, pinching or corporal punishment
- verbal abuse — all forms of communication that are threatening or demeaning, such as screaming, name calling, teasing, threatening or other statements that are demeaning or derogatory to the individual
- emotional abuse — all actions or remarks intended to deliberately produce feelings of fear, anxiety or low self-esteem in another person, including coercion
- deprivation and punishment — restricting or denying the person access to sufficient bedding, clothing, food and drink, access to adequate heating or cooling, toilet facilities, medication or sensory stimulation
- unauthorised containment — physically preventing a person from freely exiting the premises where they receive disability services, other than by seclusion. This may include locking an exit or deploying a barrier to prevent the adult from being able to freely exit the premises.
- unauthorised seclusion or 'time out' — physically confining a person alone, at any time of the day or night, in a room or area in which free exit is prevented. This may include the practice of exclusionary time-out.

- unauthorised physical and mechanical restraint — using any part of another person's body to restrict the free movement of a person for the primary purpose of controlling their behaviour.
- unauthorised physical and mechanical restraint — using a device for the primary purpose of controlling their behaviour to (a) restrict the free movement of a person or (b) to prevent or reduce self-injurious behaviour.
- unauthorised chemical restraint (medication) – using medication for the primary purpose of controlling a person's behaviour. It does not include using medication for the proper treatment of a diagnosed mental illness or physical condition.

For complete definitions of these terms and for further information on the authorisation process for the use of these practices please see Part 10A of the *Disability Services Act 2006* and the 'Approval of restrictive practices' box found on page 11. Note — even though a practice may not fall within the definition of 'restrictive practices' and therefore may not require authorisation under part 10A of the Act, it could still amount to abuse, neglect or exploitation generally under the *Disability Services Act 2006*.

It is only appropriate to use seclusion, containment or physical, mechanical or chemical restraint, or to restrict access if:

- it is authorised and time limited, or
- it is necessary in order to prevent imminent and significant harm to the person with a disability or other people.

These measures should only be used to the extent that the level of force is appropriate to the level of threat.

Where it is foreseen that such measures may be necessary, and if the person is not able to consent to the measures because of impaired capacity, these practices need to be authorised by the Guardianship and Administration Tribunal (see information box ~~below~~) or, in some cases, a statutory health attorney, a guardian appointed by the Guardianship and Administration Tribunal or an informal decision maker.

Queensland Guardianship and Administration Tribunal

The Guardianship and Administration Tribunal is a simple and inexpensive way of meeting the decision-making needs and protecting the rights of adults who are unable to make a decision and put it into effect themselves because of impaired capacity. The tribunal has the authority to appoint guardians and administrators for adults with impaired decision-making capacity.

To be granted guardianship authority for an adult, an application must be made to the Guardianship and Administration Tribunal.

For information phone 1300 780 666 or visit www.justice.qld.gov.au/guardian/gaat

The onus is on disability services providers to ensure that staff do not engage in aversive practices. This must be done through the provision of appropriate policies, procedures, training and supervision.

Family caregivers are less likely to engage in aversive practices, but may do so inadvertently. For example, they may believe that they have the authority to restrict freedom of movement, to control access to personal bank accounts or to administer medication to control behaviour. They may not realise that these actions could constitute abuse, even if they are acting in what they believe to be the best interests of the person with the disability.

Disability services requirements

Services provided or funded by Disability Services Queensland must ensure that any behaviour interventions do not breach the person's human and legal rights, and are:

- the least restrictive option
- part of a planned and authorised response
- time limited and subject to regular review.

Services are also expected to ensure that an appointed guardian or substitute decision-maker is consulted and informed on a regular basis regarding ongoing intervention and, where relevant, has authorised behaviour intervention.

Approval of restrictive practices

Part 10A of the *Disability Services Act 2006* and Chapter 5B of the *Guardianship Administration Act 2000* provide the legislative basis for the use of restrictive practices in certain circumstances, and must be complied with in relation to the use of restrictive practices by service providers.

For information, phone 1800 177 120 or visit www.disability.qld.gov.au/key-projects/growingstronger/positive-futures

Positive intervention

Positive behaviour intervention can be used to address behaviour that presents significant obstacles to learning or potential danger to the individual or others. This involves:

- functional assessment of the causes, triggers and consequences (including environmental factors) to develop causal explanations for the behaviour
- identifying strategies to reduce causes and triggers and to assist the individual to replace problem behaviour with positive behaviour to achieve the outcome they are seeking through appropriate means
- planned and coordinated implementation of agreed strategies with mechanisms for review and adjustment.

The emphasis is on training and skills development through modelling, prompting, encouraging and reinforcing positive behaviour rather than punishing challenging behaviour.

Changing behaviour through positive intervention requires committed resources and experienced and expert supervision. Those involved in the implementation and/or design of behaviour intervention strategies require in-depth competency-based training and support.

The capacity to engage significant people in the life of a person with a disability is also critical. Family members, friends, key support workers and, in some cases, psychologists or other professionals involved in care and support can provide valuable insights into possible causes of the behaviour or strategies that are most likely to be effective. They should also be involved in the consistent application of behaviour management strategies.

The service context

It can be stressful working with people who demonstrate challenging behaviour, particularly for new or inexperienced staff. To prevent abuse occurring as a result of inadequate responses to challenging behaviour, it is important to ensure that all staff have basic training in positive behaviour intervention including crisis management and conflict resolution. Access to debriefing, supervision and further training as required will also help prevent abuse.

The family context

Families caring for a person with a disability can also benefit from skills development in positive behaviour management techniques. Some more intensive family support programs can also assist families to modify challenging behaviour. Families caring for an adult with a disability may be eligible for assistance from an intensive behaviour support team (see information box below) or a disability support service.

Intensive Behaviour Support Teams

Disability Services Queensland has established multidisciplinary Intensive Behaviour Support Teams to provide comprehensive responses to the needs of adults with a disability in areas such as behaviour assessment and intervention, information and consultation, and education and training. Teams include psychologists, occupational therapists, speech and language pathologists and resource officers. They liaise closely with individuals, families, carers and other agencies to develop positive intervention plans and strategies.

For more information, visit www.disability.qld.gov.au

Prevention in the service environment

6. Key features of abuse prevention in services

Values associated with abuse prevention

Abuse prevention in disability services is underpinned by a commitment to basic values. These values are important in guiding and motivating agencies to create workplace systems and processes that prevent abuse, neglect and exploitation and encourage staff to use abuse-free practices in their work.

Clients of a service have the right to be free from abuse and the fear of abuse. This is the key value that underpins the prevention of abuse, neglect and exploitation in services.

Other values are associated with abuse, neglect or exploitation prevention in disability services:

- people with a disability are valued as individuals
- the personal dignity and rights of individual clients are respected
- the security, welfare and safety of service clients are essential
- intentional and unintentional abuse, neglect and exploitation of clients are unacceptable
- clients of a service have a right to receive the best possible quality of service.

Key features of abuse prevention

Some key features of services and systems likely to prevent abuse, neglect and exploitation are outlined in the table below, and should be used to guide related policies and practices.

It should be noted that an integrated approach to preventing abuse, neglect and exploitation in services also includes related areas of service operation such as:

- general employment and workplace practices
- appropriate privacy legislation, principles and regulations
- duty of care principles
- staff/workplace safety principles, regulations and practices.

Key feature	Description
Abuse* is unambiguously defined and definitions are readily available to and understood by all staff† and clients.	Local definitions are consistent with current generally accepted definitions used by national and state bodies in standards, legislation etc.
Comprehensive policies and procedures related to abuse prevention are in place and are understood, supported, practised in the service and regularly reviewed.	• Areas to be included are identifying, reporting and responding to abuse, and client complaints and staff grievances. • Policy and practice guidelines are based on good practice and regularly evaluated for effectiveness.
All relevant policies and procedures within an organisation are consistent with and link to abuse prevention policies and practices.	Policy and procedures in a range of areas (e.g. recruitment and selection, staff supervision, medication, management of client finances, health and safety) need to be reviewed to ensure that they embody principles and practices likely to reduce the risk of abuse.
A staff code of practice/conduct is in place and is acted on.	The code should specifically prohibit abusive and neglectful practices.

* The term 'abuse' as used here also incorporates neglect and exploitation.
† All references to 'staff' include service providers and volunteers, as appropriate.

Key feature	Description
Employment processes attract the best candidates and monitor indicators and risks related to abuse.	Selection criteria and standards are rigorous, and application and interview processes have elements that help identify potential risks.
There is robust probity screening in recruitment and employment.	Checks and clearances are always undertaken (e.g. reference check and identity/police checks) to deter would-be abusers and protect vulnerable people from predators.
At a minimum, staff have a basic understanding of and competencies in abuse prevention. This includes being able to identify and respond to abuse or potential abuse.	All staff are provided with and are required to undertake training in abuse prevention in the context of service delivery. This includes all relevant service standards and regulations.
There are clear boundaries to describe acceptable and unacceptable behaviour towards and between clients.	Boundaries should be described/documented as far as possible and all staff and clients should be aware of them.
The use of restrictive practices is prohibited without proper authorisation, and if authorised is restricted and monitored.	Clear instructions on behaviour intervention, in line with relevant legislation and regulations, is provided to all staff.
Recognition and reporting of abuse are supported by clear procedures.	Such procedures operate from individual through to organisational levels.
Services promote the valued status of their clients with their staff and in the community.	Clients are treated and spoken about with respect and dignity at all times.
The workplace culture within service settings supports attitudes that value clients.	Services actively work to develop, embed and maintain a culture that includes abuse awareness and actively supports, informs and promotes client-safe practices and attitudes among all staff.
The culture and practices within services support and encourage learning and continuous improvement in practices and outcomes.	Services should have clear and active learning and continuous improvement strategies, and built-in activities that support reflection and review of practices.
Staff receive support and regular supervision from line managers.	Managers and staff regularly participate in dialogue and review regarding individual practice and quality service provision, to ensure that practice is continuously improved and abuse is avoided.
Team communication and planning processes incorporate peer-to-peer review of practice and client welfare.	Team meetings, service and client planning include dialogue and evaluation of practices and client safety to ensure that practice is monitored for quality, and client abuse is avoided.

Key feature	Description
There is the awareness, opportunity and openness to discuss and report practices that are abusive or may lead to abuse.	Staff are empowered to report these practices when observed. There is 'permission to act' on behalf of anyone in service to raise concerns to ensure monitoring of the potential abusive behaviour, practices or situations.
All those raising concerns about abuse are encouraged and supported.	Any staff, clients or advocates who report abuse are protected from retribution and supported by the organisation.
Individual support planning for clients includes assessment of the individual's risk factors for abuse.	This takes into account individual capabilities, vulnerabilities and behaviours.
Environment risk assessment and risk minimisation inform and support service practice.	Identifying and minimising 'environmental' risk factors of abuse are an active part of developing and planning service practices, processes and activities. Assessment takes into account risks to both clients and staff.
When appropriate, clients are actively and meaningfully involved in quality assurance and service monitoring.	This may include involvement in interviews, surveys or focus groups, ad hoc feedback or client advisory groups.
Clients are aware of their rights and are able to exercise influence or have an aware parent, guardian or advocate who can exercise influence on their behalf.	Clients and their families, guardians or advocates are informed of their rights to service delivery, freedom from abuse, the ability to provide feedback and make a complaint.
All complaints and allegations by clients, families and carers are heard and receive an appropriate, fair and timely response. Appropriate feedback is provided throughout the process.	Complaints are taken seriously by all staff. Response, investigation and resolution are based on clearly defined procedures including (when appropriate) removal of harm or threat or the potential of harm from the service environment.
Clients have access to complaint mechanisms.	Clients are provided with information about internal and external complaint bodies and are supported if they choose to use them.
Independent advocates are accessible to clients within services.	Clients are encouraged and assisted to access and use advocates as needed. These may be internal to the organisation (but from outside the direct service area and not involved in the issue), or external to the organisation, as appropriate.

7. Strategies to increase professionalism

A critical part of preventing abusive practice in disability services and increasing overall service quality is improving and increasing the status of the workers who provide and manage the support services.

A key element in achieving this is increasing the professionalism of support workers and management. In this context professionalism represents the types of approaches, skills, attributes and attitudes of individuals who contribute to achieving best quality work inputs (what they do), processes (how they do it) and outcomes (the results). In disability services, professionalism includes a mix of 'technical' knowledge and skills, appropriate and effective practice and a caring attitude.

Although some aspects of increasing professionalism in the disability sector need to be dealt with by government, education, funding and peak bodies at a systemic level, individual services have a central role to play. The table below contains a list of strategies that can be implemented in organisations to increase the level of staff professionalism. This list is not comprehensive and not all strategies apply equally in all organisations. A number of those listed also overlap and link with organisational learning strategies and other tools and templates in this compendium.

As always, management and staff are encouraged to seek opportunities to network with other sector agencies to identify additional strategies that have been found to work well. It is important to think about where your organisation is currently placed, and identify the most relevant strategies that will have the best impact for your particular circumstances.

Strategy	Description and tips
1. Establish a code of practice	A code of practice incorporates values and elements of professional practice most central to producing high-quality outcomes for clients. All staff should be aware of, and adhere to, the code.
2. Establish essential policies and procedures	Develop and implement policies and procedures that embody and encourage a professional approach by staff in their work.
3. Recruit employees who already have a professional approach	Incorporate qualification requirements, selection criteria and other mechanisms into recruitment and selection processes to attract and identify candidates with the required types and levels of professional skills, attitudes and attributes.
4. Progressively increase the proportion of qualified staff in your services	Ensure that staff have, or are working towards, recognised accredited qualifications relevant to the work they are employed to do (e.g. Certificate III in Disability Work). Consider: • setting minimum qualification requirements as part of the recruitment and selection process • requiring and supporting existing staff to undertake courses to acquire required qualifications • establishing a graduated program that all employees can enter at the appropriate level based on their existing qualifications and experience.
5. Train and support the training of your staff	Establish internal training programs or partner with external providers (e.g. TAFE, university) to provide relevant in-service and developmental training for staff. Training should meet the needs of staff and enhance the quality of service delivery in the organisation. Ensure that understanding abuse and abuse prevention are included in training programs.

Strategy	Description and tips
6. Support professional approaches through supervision	Use individual supervision as a tool to constructively and supportively reflect with staff on their work practices, with the objective of improving individual practice. This might include setting specific goals for improvement that can be reviewed through supervision.
7. Conduct staff team meetings to support good practice and professional approaches	Use regular team meetings as an opportunity to reflect on practices, performance and outcomes in programs and services, and to identify improvements to 'the way we do things'. Consider building this into the agenda as a regular item.
8. Involve staff and service users in quality improvement strategies	Encourage staff and service users to participate in regular activities that contribute to quality improvement and assurance systems. Regular monitoring and review to enable continuous practice improvement is a key aspect of being professional and this strategy will help formalise and support these processes.
9. Link staff roles to achieving recognised standards	Link staff roles and tasks to relevant operating or work standards (e.g. Queensland Disability Service Standards or relevant competency standards) and review their achievement as part of regular individual performance assessments. This creates a clear link between staff practice and standards to be achieved, which is a central component of professionalism.
10. Recognise staff achievements	Give staff awards for consistent good practice. Have different categories (e.g. support worker of the month/year) that recognise good practice and professionalism among staff. The awards do not have to be costly, but they need to be promoted, made important in the organisation and confer status on winners. Care needs to be taken to ensure that awards do not become tokenistic.
11. Provide career paths and opportunities	Create and support career paths and opportunities internally. This might involve recognising experience, training and quality practice by: • establishing a graduated career path that includes positions such as: – support worker (frontline worker, may be unqualified and/or with limited experience) – senior support worker (frontline worker but qualified and with several years experience) – supervisor/team leader – manager • providing opportunities for staff to act in more responsible roles, job rotation and secondments. Providing these opportunities to staff who are professional and good practitioners will encourage them and provide role models for others. • offering incentives, support and new challenges to good practitioners to encourage staff to stay with the organisation. This, in turn, will act as an incentive to other staff to develop their professionalism.

8. Staff code of practice

Overview

In all organisations that provide services to people it is essential to have a code of professional practice for staff. It is impossible, however, for a code to cover all possible situations, so there always remains a need to provide and promote other sources of guidance and advice — for example, through managers, supervisors, practice manuals, policies and procedures.

A code of practice focuses on professional practice and behaviour and is part of a suite of organisational resources that define the services, policies, legal and practice requirements of staff in the execution of their duties. A code of practice can also be linked to a practice framework that explains underpinning principles of and approaches to practice.

A staff code of practice is usually related to an organisation's stated values or ethical principles. The values and principles of organisations in the disability sector often include ideas such as achievement, compassion, dignity, excellence, integrity, quality, respect and community involvement.

The structure of a code of practice might begin with a preamble that relates the code to relevant values and principles, and broadly states expectations of staff in the workplace. This would be followed by a more detailed outline of the practice behaviours, approaches and attitudes expected of staff in their work. Please note that points covered in a code of practice will often also relate to other specific organisational policies or procedures, and these should be referenced accordingly where they arise.

DSQ currently has a broad code of conduct that covers all of its employees and should be referred to by staff in DSQ-provided services.

The sample code of practice presented below has been developed for other organisations and specifically covers the work and practices expected of disability service workers. It can be used by organisations as a template and starting point for a code tailored to individual settings and services. Organisations should change, add and delete points as necessary.

Sample code of practice

Preamble

(Insert name of organisation/provider) is committed to the following values/principles:

- *Insert relevant organisational values/ethical principles (e.g. respecting the rights and dignity of every person, providing the best quality services to people with a disability).*

Staff work practice is underpinned by this code of practice and further guided by the policies and procedures of *(organisation/provider)*. All employees of *(organisation/provider)* shall at all times act:

- in line with *(organisation/provider)* values, to respect the rights, foster the dignity and best quality of life, and safeguard and promote the welfare of clients
- professionally and with objectivity in their work with clients and colleagues
- with integrity and intent to support the achievement of the goals and objectives of the clients with whom they work and of *(organisation/provider)* programs.

The following sections outline *(organisation/provider)* expectations of its employees with respect to their work with clients, with each other and as a representative of the organisation.

1. Overall professional approach

The approach by all employees in *(organisation/provider)* to their work practice will be professional at all times. Their professional approach to work practice includes:

- working efficiently and effectively to achieve the goals of *(organisation/provider)* programs, services and clients
- being honest, reliable and true to their word with every person and organisation they deal with in the course of their work
- being responsible to make themselves aware of and implement the *(organisation/provider)* policies and practices as they relate to their work, program or service
- presenting at work in an appropriate physical and mental state, and not under the influence of alcohol or illegal, non-prescribed drugs at any time
- working cooperatively with colleagues, managers and subordinates, and treating them with respect, courtesy, fairness and professionalism
- initiating, when appropriate, and actively and constructively participating in supervisory and team processes (e.g. regular meetings, staff supervision), and complying with directions given by authorised persons
- providing feedback and support to staff whom they supervise, and providing opportunities for them to develop their skills, knowledge and performance to contribute to improving service quality for clients
- seeking to improve the quality of their work performance and, as part of that, to pursue personal professional learning and development
- maintaining as current all appropriate certification, qualifications and legal requirements (e.g. police checks, first aid certificates, professional registrations)
- actively working to enact *(organisation/provider)* duty of care to anyone who is likely to be affected by the activities of the organisation (e.g. clients, family members, carers, neighbours, general public)
- observing safe working practices and acting to remove or bring attention to any situation that is or may be a health or safety hazard for clients, staff or the general public.

2. Work with clients

In their work practice staff shall maintain the highest standards of professional conduct and attitude toward clients. This includes:

- respecting clients' privacy, dignity and rights and working to safeguard and promote their welfare at all times
- making every effort to foster client self-determination by encouraging and supporting efforts for clients to make their own decisions or participate in decision making to the extent that they are able about events and activities in their daily life and the services they receive
- taking care to always maintain positive attitudes and expression towards and about clients
- providing the best possible quality of care to clients and having a duty not to be careless or negligent, taking all reasonable care to avoid placing a client at risk of injury or harm
- maintaining professional boundaries in developing relationships with clients and avoiding entering into any activity or relationship that may result in a conflict of interest with, or be prejudicial to, their work with a client.

- knowing and following all policies, practices and procedures related to working with clients described in *(organisation/provider)* practice manuals. This includes, but is not limited to:
  - provision of all relevant, appropriate and necessary services, support and assistance to clients
  - contributing to the maintenance of a safe, secure and pleasant service/living environment for clients
  - appropriate and authorised use of restrictive practices, only as required
  - appropriate administration of medication where required
  - making and maintaining appropriate records of service delivery, client health and activities, and always securely storing confidential information
  - identifying and actively working to change work practices, behaviours and cultures that may lead to or support abuse of clients
  - identifying and responding to actual or perceived incidents of abuse, neglect and exploitation of clients
  - dealing respectfully and promptly with complaints from clients, family or carers and the public
- keeping all information obtained about clients confidential, and responsibly sharing such information only with those who have a specific need to know and in accordance with *(organisation/provider)* policies and state and Commonwealth legislation
- understanding and respecting clients' human and legal rights, and making clients aware of their rights and responsibilities in relation to any of the organisation's services or programs in which they participate
- not discriminating against or demeaning clients at any time
- working to ensure that abusive or neglectful practices are not practised with clients under any circumstances, such as:
  - physical abuse or assault
  - sexual abuse or assault
  - coercion, force, threats or deception
  - psychological, emotional or verbal abuse or assault
  - misuse or inappropriate administration of medication
  - misuse of a client's money or other personal resources or belongings
  - seeking, soliciting or accepting inappropriate favours, gifts, payment (other than salary paid by *'organisation'*) or hospitality
  - unauthorised constraint, containment or seclusion
  - punishment, including the use of 'time-out' or 'ignoring', other than an authorised action defined within an approved and authorised behaviour management program
  - neglect, including the failure to provide adequate support, food, shelter, clothing or hygienic living conditions
- ensuring that clients, their families and carers understand their right to complain and to raise issues about staff, the service or organisation, and that they have access to information about how to lodge, progress and appeal any complaints they have (e.g. complaint procedures, external complaint bodies).

9. Service improvement strategies

Introduction

The culture within the organisation and the environment in which services are provided are significant determining factors in the incidence and likelihood of abuse, neglect and exploitation.

Preventing abuse, neglect and exploitation within a service setting will often require change, ongoing learning and improvement in practices, behaviours and attitudes to establish a culture that is positive towards people with a disability and supports their valued status. Such workplace cultures inhibit abuse and violence.

For learning and improvement to occur broadly and continuously, practice improvement, learning and change processes need to be effectively implemented. This component of the resource booklet aims to provide a selection of proven strategies and approaches to practice improvement, learning and change that can be used as catalysts and processes for improving practice.

The material provided is not intended as a comprehensive change-management guide. There are many different approaches to change and improvement, and many resources available that discuss these subjects in detail.

Services are encouraged to seek out other sources to assist this change process.

The table below outlines a number of strategies and tools that could be used in different organisational contexts to effectively improve practice and quality in disability services.

Strategy	Description
Use one or more diagnostic processes appropriate to your organisation to analyse the status of your service's current environment and practices	For example, use one of the various organisational status analysis tools (e.g. SWOT, on-site analysis, learning and training audits/needs analyses). Look for the underlying structures, processes, capacities, behaviours and attitudes that cause good or poor outcomes. This will help to identify strengths to harness and build on, and things you need to improve.
Enlist the support and involvement of the organisation's governing body (e.g. board of directors)	It is critical that the governance body understands and supports the need for change to improve practice and prevent abuse, neglect and exploitation, and to ensure their commitment to drive the necessary changes. Include them in the change and learning processes, at the appropriate level, and secure their commitment to support initiatives to achieve desired changes to improve service culture and service delivery practice.
Raise the awareness of staff about required improvements and changes by relating them to current events and identified needs	Use meetings, training, task groups and other forums to discuss the changes required to policies, structures, processes, practices and culture. Be prepared for questioning or resistance, and be persistent in identifying and working on the desired changes at individual, team and organisation-wide levels.
Depending on the scope of improvement or change required and analysis of the organisation's capabilities and capacity for change, present change either progressively in parts, or as a complete one-off package	Use participative processes, with staff having meaningful input. This will help to reassure staff and give them a sense of ownership of the actions, changed practices and outcomes sought. Failing to create an open climate will make the task much more difficult.

Strategy	Description
Use managers and/or key staff as change agents in preparing staff for change and in implementing change	Persuade them of the value of adopting new practices. Help them learn how to model different attitudes and practices in their workplaces. Work at persuading people to be positively involved. Participation and ownership of the new practices by key staff and managers will be important to their successful implementation.
Use planning processes as a way to introduce new policies, structures and practices and to establish them as part of the organisation's operations	Include managers and staff in these activities. Clearly describe the vision and purpose of the changes, and provide direction to guide the process and help all involved to contribute constructively.
For significant and widespread changes in bigger organisations, it may be best to pilot new practices and structures in one area of the organisation, and use the process and outcomes as an example for other parts of the organisation. Progressively roll out changes across all areas	Ensure that there are enough time and resources to implement and support the changes you want to make. Consider whether to do everything all at once or space it out over time. When people feel overwhelmed by the extent and pace of change, they will often actively resist or ignore it.
Initiate a program or service evaluation process that includes a review of policy and procedures	Focus on improving processes in the organisation that will lead to improved practices, ongoing learning and improvement, and prevention of abuse, neglect and exploitation. Directly involve staff in reflecting on practice as part of the evaluation process, providing an opportunity for staff to learn and for different approaches to be presented.
Nominate a person, position or group to lead and oversee the service improvement strategies	This role should include developing, implementing and monitoring individual strategies and reporting on them.
Use staff supervision and appraisals as an opportunity to reflect on good practice and identify areas for improvement, and also to discuss abuse prevention approaches, risks, etc	This will help build reflective practice, enhance learning and facilitate improvement in regular work activities.
Introduce a mentoring program where more experienced or highly trained staff assist those staff with less experience and training	This will help to increase knowledge and skill levels and is a way to facilitate innovation through new ideas and improve ways of working with clients.
Introduce staff learning 'diaries' or 'logs', as a way for staff to consciously reflect on their work experiences and practices	This is another way to enable reflective practice and learning that can lead to practice improvement in regular work activities.

10. Creating a learning environment

Improving the prevention of abuse, neglect and exploitation in service provision requires continuous improvement in both the practice and the quality of service delivery.

Learning is a vital part of the continuous improvement of the service quality. A healthy learning environment in an organisation will substantially affect its ability to review, monitor and continue to implement improvements, which may have a flow-on effect for the capacity of the service to respond and prevent abuse, neglect and exploitation.

In this context, learning is meant in a broad sense. Most learning of skills and knowledge by adults comes from their daily experiences. Consequently, the overall learning environment in an organisation is concerned mainly with the way things are done at work — the processes, structures, policies and practices that support, or stop, learning occurring.

Formal or traditional training is a part of the learning environment but only some learning comes from formal training. To be effective, training needs to be followed closely by practical use of the trained skills and knowledge. The right environment in the workplace is needed to allow this to occur.

Learning environment self-audit

The following self-audit tool is based on a framework of indicators and activities that create and sustain effective learning environments to support continuous improvement in organisations. Services can evaluate the strengths and weaknesses of their existing learning environment and identify areas for improvement.

The self-audit tool uses the following scale to assess compliance against each indicator:

N **Not addressed/present**

P **Partially addressed, present or implemented**

F **Fully addressed/present**

N/A **Not applicable.**

Depending on the size and complexity of your organisation, the checklist could be completed by one person or may require a team. If you have multiple geographically separate service sites, it may be useful to audit each one. Normally at least one senior manager would be involved in carrying out the audit.

Self-audit checklist of organisational learning environment				
Feature	**Indicator**	**Assessment (N, P, F, N/A)**	**What supports the assessment?**	**Recommended action plan for improvement (who, what and when)**
Vision and direction The vision and purpose of the organisation need to be clear, understood and committed to by all staff.	The organisation has clear statements of vision and purpose in place.			
	Regular reviews of the vision and purpose statements are undertaken, actively involving current stakeholders in the organisation.			
Openness and commitment to learning Through appropriate policies, processes and structures, an organisation supports staff to: • view learning and change as normal and positive • seek to reflect on and use their experience to learn and improve practice.	Individual achievements are regularly reviewed through supervision, peer review and appraisals.			
	Team and service/organisation structures, processes, practices and achievements are regularly and systematically reviewed and evaluated via robust evaluative mechanisms.			
	There are written policy and procedures for staff learning and development.			
	The learning and development policy is published and staff can readily access it.			
	Individual work roles have learning and development components built in.			
	Team processes (e.g. meetings) have reflection on practice and learning components built into them.			
	Individual, team and organisation activities, incidents, achievements and failures are documented and reviewed to identify learnings and areas of policy and practice that require improvement and change.			
	Training and coaching are used in a planned way to increase and improve staff skills and knowledge.			

Self-audit checklist of organisational learning environment (cont.)				
Feature	**Indicator**	**Assessment (N, P, F, N/A)**	**What supports the assessment?**	**Recommended action plan for improvement (who, what and when)**
Effective cooperation and communication Mechanisms, structures and processes are in place to support and encourage effective communication and cooperative work practices.	Staff are able to communicate with people at all levels in the organisation, and know they will be heard and be taken seriously.			
	Effective communication and networking processes are built in to the work roles of all staff.			
	Organisational structures and mechanisms are in place to facilitate and support effective communication.			
	Time is set aside in staff meetings for practice-related information exchange and debriefing.			
	There are concrete encouragements for collaborative approaches to work between individuals and teams.			
	Where possible, workplaces are physically arranged to encourage communication, sharing of ideas and resources.			
	Staff have access to key information about the organisation's operations including policies, plans, reviews and statistics.			
Participation Structures and processes in the organisation encourage and facilitate appropriate staff participation in decision making.	Decision-making processes for organisational policies and practices involve all key stakeholders.			
	Work teams are able to establish operational policies and organise their work, based on the organisation's overall purpose, directions and philosophies.			
	Individuals are encouraged to plan and make key decisions in their day-to-day work within the context of overall team and organisation policies and approaches.			
	Staff are involved in discussion, planning and action around issues within and outside their immediate work role.			

Self-audit checklist of organisational learning environment (cont.)				
Feature	**Indicator**	**Assessment (N, P, F, N/A)**	**What supports the assessment?**	**Recommended action plan for improvement (who, what and when)**
Flexible structures and work roles Organisational structures and individual work roles facilitate teamwork, enable learning and are responsive to service needs.	Individual work roles encompass a number of functions, and define flexible relationships between different roles within teams and across the organisation.			
	Teams are self-managing, with broad but clearly defined functional responsibilities.			
	There are regular opportunities for job rotation or staff exchange programs within and between work teams.			
	Staff at all levels have opportunities to be involved in cross-functional or interdisciplinary project teams.			
Reflection and review Policies and mechanisms are in place for regular individual and team reflection on practice and organisational review of models and structures.	There are structured opportunities for staff and managers to reflect and report on their work practices and experiences.			
	Reflection on learning and practice are included in team and management meeting agendas.			
	Individual, team and organisational activities, learning and progress are recorded and communicated.			
	Individual supervision is positively used for reflecting on practice. Policies and supervisor training support this.			
	Two-way procedures are in place for regular feedback on performance, from managers and peers to teams.			
	Clinical or external supervision is available to workers where needed.			
	There are regular, structured reviews of service models, work practices, outcomes and target groups.			
	There are regular reviews of the needs of existing clients and potential client groups in your target area(s) to identify emerging demands, priorities and directions that may impact on models, structures and skills needed.			

Self-audit checklist of organisational learning environment (cont.)				
Feature	**Indicator**	**Assessment (N, P, F, N/A)**	**What supports the assessment?**	**Recommended action plan for improvement (who, what and when)**
Identifying and acting on learning goals Organisational learning requirements are identified, planned for and acted on.	Review of service operations and client needs leads to action to develop skills and models, and to strengthen and improve operations and abuse prevention.			
	Individual staff development plans are agreed and supported in the context of overall learning needs for the organisation.			
	Staff development plans include formal training and non-training approaches (e.g. mentoring, conferences, job rotation, secondment) to learning.			
External perspective Contact with other organisations is encouraged and their ideas and practices are sought out and adapted for use.	Networking with other agencies is built in to all work roles.			
	Structures, models and practices from other organisations are showcased for staff and management to learn from.			
	Student placements from professional and vocational courses relevant to the agency's field of service are taken on.			
	Opportunities for short job exchanges, observations or secondments with staff from other agencies are facilitated.			

Self-audit checklist of organisational learning environment (cont.)				
Feature	**Indicator**	**Assessment (N, P, F, N/A)**	**What supports the assessment?**	**Recommended action plan for improvement (who, what and when)**
Experimentation and innovative practices Questioning current practices and processes, innovation and new ideas are encouraged.	Time is set aside in meetings for open discussion about ideas, problems and issues related to the work of the organisation and its direction and principles.			
	Innovative practices are encouraged, publicly recognised and rewarded through acknowledgment, promoting individuals, introducing the innovations elsewhere in the organisation, financial incentives or other means.			
	Non-threatening processes for suggestions and new ideas are in place (e.g. anonymous suggestions box).			
	Difficult or challenging questions are placed in meeting and review agendas and opportunites are provided to explore them seriously without censure.			
	Mistakes are acknowledged as part of the learning process.			

Policies and evaluation

11. Abuse, neglect and exploitation prevention and response policies

To ensure the safety of people with a disability, your service needs policies and procedures in place to prevent abuse, neglect and exploitation. Consider establishing a policy log to register and track your policies and procedures. A log will help you easily link related policies and procedures, and reference them to other systems, where relevant.

Examples of policy statements	Examples of relevant policies and procedures
The rights of residents are stated, known and upheld.	• Client rights statement • Definitions of abuse, neglect and exploitation • Staff code of practice
Abuse, neglect and exploitation are reported and there is a planned, timely and known process to respond to reports and allegations of these events or practices.	• Incident reporting policy and procedures • Complaints policy and procedures
Data from monitoring abuse allegations and complaints is used to identify and implement preventative action.	• Data collection and reporting procedures • Service planning review processes • Incident reporting policy and procedures • Complaints policy and procedures
The health and wellbeing of each client are maximised and maintained through proactive planned processes.	• Individual program and lifestyle planning process • Healthy eating policy and procedures • Medication policy and procedures
Restrictive practices are prohibited without proper authorisation and, where authorised, they are restricted, reported and monitored.	• Restrictive practices policy and procedures • Guardianship applications • Incident reporting policy and procedures
The service ensures that all relevant staff receive appropriate required training and are qualified to administer medication to clients in a safe and correct manner.	• Medication policy and procedures • Job descriptions • Training policy

12. Sample client complaint policy

Client complaints and grievances are inevitable in service provision. They are also an important source of information about actual or potential risk of abuse, neglect and exploitation and the quality and consistency of service delivery.

Effective policies, processes and data collection about complaints are important in preventing abuse, neglect and exploitation in services.

The following example can be used as a starting template to develop a complaints policy and procedures tailored to your service.

1. Introduction

This policy may be used where a client or the client's carer or representative (family member, friend, advocate or guardian) wishes to make a complaint.

This policy provides clients or their carer or representative with the opportunity to pursue a complaint through a fair, agreed and documented process.

This policy applies to complaints against paid staff and volunteers. Complaints may relate to either poor practice or misconduct.

Client complaints are often informal and made by approaching a staff member. If the client's concern is not resolved to their satisfaction, the client is entitled to use the formal process set out below. This procedure seeks to ensure that complaints are dealt with fully, fairly and as quickly as possible.

2. Client rights

2.1 Clients have the right to:

- be treated fairly, equally and with respect
- feel safe and be free from abuse, neglect and exploitation
- be heard and have a say in the services they receive
- be informed of complaint processes
- privacy and confidentiality of personal information, except where it may be harmful to the client or to others
- be provided with communication assistance, if required.

2.2 On entry to the service, clients and their carers and representatives will be provided with information about:

- their rights and responsibilities as service users
- how to make complaints and suggestions
- confidentiality of client information
- internal and external advocacy support available.

2.3 Copies of the procedure for handling complaints are supplied and explained to all employees on commencement with the service and in any relevant training provided for them.

Staff are encouraged to be alert to any suggestions or problems raised by clients or their carers or representatives at any time.

Complaint and suggestion forms are available and easily accessible to clients and staff.

2.4 If clients or their carers or representatives believe that the client's rights have been infringed, they have the right to, and where possible should, raise the issue with a relevant staff member, and if not resolved raise it with the appropriate manager.

- After raising the complaint with staff and management, if the client or their representative believes that the handling or resolution of the complaint is unsatisfactory, or they are not getting a fair hearing, they can:
  - appeal to a higher level of management in the organisation (senior management or CEO)
  - contact an external complaints body such as Disability Services Queensland to take the matter further, if it remains unresolved.

2.5 If a client or their carer or representative believes a crime has been committed against them, they should be assisted by staff to report this to the police. A worker may assist the client, or act independently to report the matter where the client or their carer or representative is unable or unwilling to do so themselves.

3. Client advocates

3.1 Clients may choose to appoint an advocate or support person at any time.

3.2 The role of a client advocate will be to:

- assist the client to discuss their concerns with the relevant staff member
- assist the client to initiate the complaint process, if necessary
- where necessary, advocate for the client in the process.

3.3 Clients will be informed (through written information and verbally) of the availability of internal or external advocates.

3.4 Staff will be responsible for informing clients of the availability of either an internal or external advocate if they become aware of any complaints for which a client has not initiated a process.

4. The complaint process

Clients, their carers or representatives are encouraged to raise issues or complaints with staff.

4.1 All complaints are documented and investigated. The processes for receiving and dealing with a complaint are summarised as follows:

- The parties involved attempt to resolve the complaint. Every effort should be made to satisfactorily resolve complaints at the level at which they are first raised. Where the complaint is successfully resolved at this level, the staff member shall make a file note of the complaint and how it was resolved.
- The immediate line manager/supervisor will deal with minor complaints that are referred to them about the service or staff at the earliest opportunity and within two days of the referral. The line manager shall complete a complaints form and ensure that it is placed in the complaints register (see points 4.3 and 4.4).
- Significant complaints, including those that reflect on staff conduct, the quality of service delivery, or where there is abuse or infringement of the client's legal rights or safety, are referred in writing to the relevant senior service manager or the CEO.
- The complainant or the CEO may refer a complaint not able to be resolved within the service to an appropriate external body.

4.2 Staff are to ensure that details of all complaints remain confidential and are provided only as needed to other persons involved in their resolution. In a matter where there is danger to the safety of the client or others, information supplied can be provided on a need-to-know basis to ensure that personal safety is maintained.

4.3 Complaints are recorded on a complaints form that includes at least the following:

- date of complaint
- complainant's name
- nature of the complaint
- actions taken to resolve the complaint and dates of these
- records of any meetings, actions or timeframes agreed with the complainant
- resolution or further action required.

4.4 The complaints form is to be kept in a complaints register that is kept in a secure location. Access to the complaints register is limited to the CEO and an appropriate nominated senior manager.

4.5 All complaints are appropriately investigated by an independent line manager not involved in the complaint (the determining officer), within agreed timeframes. The following timelines will be observed:

- the complainant and respondent staff members are notified in writing of receipt of the complaint within three working days
- written notification of progress towards resolution is made to the parties within 10 working days.

4.6 Investigation of complaints will be:

- impartial and undertaken in good faith
- sensitive to the personal privacy rights of individuals involved
- undertaken with regard to the principles of natural justice.

4.7 Where there is an allegation of abuse, neglect and exploitation, or serious misconduct by a staff member or volunteer, the organisation may stand down or assign a staff member or volunteer to other appropriate duties. Such action is not a disciplinary measure and does not prejudge or presume fault on the part of the staff member or volunteer, but is taken to ensure client safety and security and to facilitate an investigation.

4.8 A staff member who is stood down shall be stood down with pay and is required to remain available to the determining officer during the course of the investigation.

4.9 If a client or their representative is not satisfied with the outcome of the investigation, they may request that the matter be taken to the next management level or an external body, as appropriate.

4.10 The determining officer ensures that complainants and respondent staff receive appropriate support, counselling and feedback during and after the process of investigation and resolution.

5. Complaints data review and training support

5.1 The nature and pattern of complaints are assessed by the organisation every quarter to review and improve service delivery. The organisation incorporates the review of complaints and suggestions into regular planning, monitoring and evaluation activities.

5.2 Direct service staff identify opportunities to provide training and support to clients, to encourage them to raise issues and make suggestions or complaints.

5.3 Staff are provided with training to assist them to support residents and respond appropriately to complaints or disputes. They are regularly trained and reminded about the procedures for complaints and disputes.

13. Ways to evaluate abuse, neglect and exploitation prevention measures

1. Introduction

A variety of actions can be taken to prevent abuse, neglect and exploitation in services, and evaluation of the impact of these actions needs to be undertaken to identify overall outcomes.

The information below provides some basic starting points for approaching evaluation generally, which can be applied to abuse, neglect and exploitation prevention measures. This is not intended as a comprehensive guide or manual for evaluation. There are many approaches to evaluation, and many resources available to assist organisations to plan and implement evaluations.

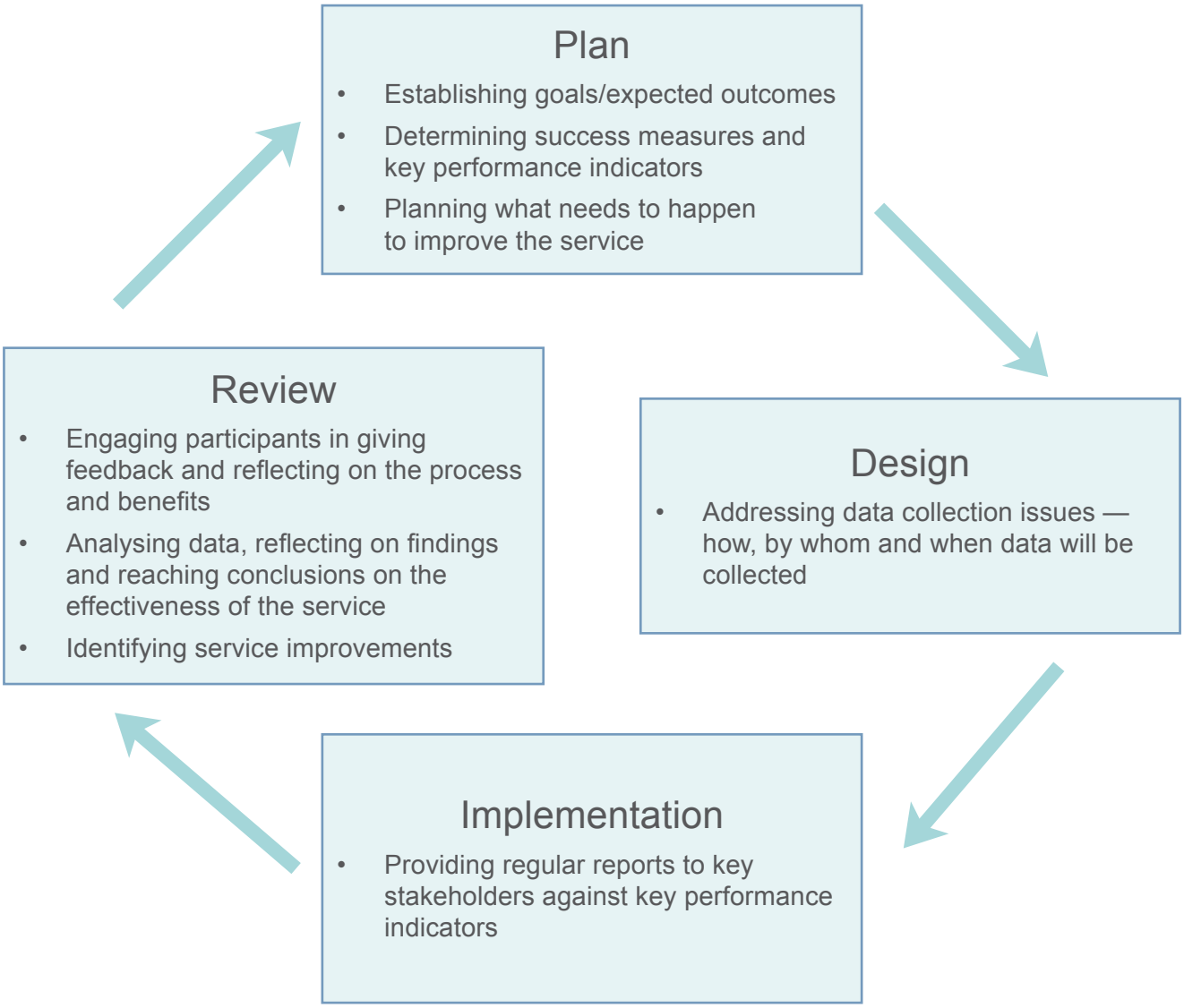
2. Evaluation overview

Evaluation should be integrated into every aspect of a service, initiative or strategy from initial planning through to formal review, and should be viewed as an ongoing cycle that contributes to continuous service improvement.

Successful evaluation needs appropriate levels of resources. It is important that in the planning stage of your program you include evaluation as part of your budget.

In broad terms evaluation involves a cycle of four phases as shown in the diagram below.

Diagram 2: Phases of evaluation



3. Planning for evaluation

Evaluation planning is best conducted in parallel with service planning. This approach will improve both the service and the evaluation. The following framework outlines the stages of evaluation development and implementation:

Steps in evaluation

Step 1: Service description

- Identify the service plan — goal, target population, objectives, interventions, reach and impact indicators.

Step 2: Pre-planning

- Engage stakeholders.
- Clarify the purpose of the evaluation.
- Identify key questions.
- Identify evaluation resources.

Step 3: Evaluation design

- Specify the evaluation design.
- Specify the data collection methods.
- Locate or develop data collection instruments.

Step 4: Collection of data

- Coordinate data collection.

Step 5: Analysis and interpretation of data

Step 6: Dissemination of evaluation outcomes and learnings

- What reports will be prepared?
- What formats will be used?
- How will findings be disseminated?

4. Types of evaluation

There are three broad types of evaluation: process, impact and outcome. Each of these has different purposes.

Process evaluation is used to assess the quality and appropriateness of the various elements of service and strategy development and delivery. This type of evaluation can be used during the whole life of a service, from planning through to the end of delivery.

During planning and piloting stages, process evaluation focuses on the appropriateness and quality of the materials and approaches being developed. Once the service is being implemented, process evaluation can be useful to track the reach of the service, assess how fully all aspects of the service have been implemented, and identify potential or emerging problems. Other process indicators include client satisfaction and facilitator reports.

Process evaluation can deal with a variety of questions determined by carefully considering what is important to know about the service. Examples of questions to ask when designing a process evaluation include:

- What is required to implement the service?
- How are staff trained to implement the service?
- What is required of clients?
- How do staff select the services to be provided to the client?
- What do clients and staff consider to be strengths of the service?
- What typical complaints are heard from staff and clients?
- What do staff and clients recommend to improve the service?

Impact evaluation is used to measure immediate service effects and can be used at the completion of implementation (e.g. after sessions, at monthly intervals and at the completion of a service program).

This type of evaluation assesses the degree to which service objectives were met. Therefore, it is important that service objectives are developed and written in a way that enables later judgments to be made about whether and to what extent they have been achieved. Service objectives may be based on but not limited to required service standards, funding requirements or desired changes.

A good tool for developing sound objectives to guide service development and evaluation is to use the **SMART** approach:

Specific (clear and precise)

Measurable (able to be evaluated)

Achievable (realistic)

Relevant (to the issue being addressed, the target group and the organisation)

Time-specific (provide a timeframe for achieving the objective).

Based on the established objectives, develop relevant performance indicators to measure the impact of a strategy. These indicators may be quantitative (e.g. numbers, amounts) or qualitative (behaviours, perceptions, attitudes, feelings).

Evaluations measure the changes in identified indicators over a given period of time. Measure the indicators before implementation, and then measure them again during and after implementation. The changes show what impact the strategy has had.

Areas that can be assessed through impact evaluation include:

- changes in understanding of an issue or area of knowledge
- behaviours or behavioural intentions
- service delivery, organisational change
- environmental change
- policy development.

Outcome evaluation is used to measure the longer-term effects of a service, and is related to judgments about whether, or to what extent, a service goal has been achieved. The long-term effects may include reductions in incidence or prevalence of abuse, sustained behaviour change or improvements in environmental conditions.

Outcomes are benefits to clients in the service. Outcomes are usually in terms of enhanced learning (knowledge, perceptions/attitudes or skills) or conditions, e.g. increased safety or self-reliance.

General steps to implement an outcome evaluation include:

1. Identify the main outcomes that you want to examine or verify. Reflect on the goals (the overall purpose) of the strategy and ask what impact the service will have on clients and staff as it works towards those goals.
2. Choose and prioritise the outcomes that you want to examine. If time and resources are limited, pick the two to four most important outcomes to examine initially.
3. For each key outcome to be evaluated, specify what observable measures, or indicators, will show that the service is achieving that outcome with clients.
4. Specify targets to achieve for particular outcomes. For example, 80 per cent of clients exhibit an increased sense of safety (an outcome), as shown by the following measures… (indicators).
5. Identify what information (data) is needed to show the chosen indicators. If the service is new, it may be necessary to first undertake a process evaluation to check that it is being implemented as planned.
6. Decide how the data can be realistically and efficiently gathered — see ‘Selecting data collection methods’ on the next page.
7. Analyse and report the findings.

5. Data collection

There are two main types of information or data that are collected and used for evaluations: quantitative data and qualitative data.

Quantitative data are often collected in normal service delivery records and can be supplemented by special statistical data collections, or through surveys, checklists and service documents.

The type of information in quantitative data covers details such as numbers (of clients, practices used, sessions run, complaints, yes or no responses), amounts, times, incidences of service (e.g. advice given, medication administered). Statistical analysis techniques can be used to provide statistical profiles relevant to chosen indicators.

Qualitative data involve people's views, perceptions, commentary, description and other non-statistical information on what has occurred. Methods for collecting qualitative data include:

- questionnaires
- self-audits
- interviews (e.g. with clients, staff, families)
- document reviews (e.g. program descriptions, case notes, finances, minutes)
- case studies
- direct observations
- focus groups.

Quantitative and qualitative data are often used together in evaluations in the human services context, to give a more complete picture and understanding of what has happened.

Selecting data collection methods

The overall goal in selecting evaluation methods is to get the most useful information to decision makers in the most realistic and cost-effective fashion. As implied above, in good evaluations a combination of methods is used to ensure a more complete picture of the success of the service being evaluated.

When choosing data collection methods, consider the following:

1. What information is needed to make decisions about a service?
2. Of this information, how much can be collected and analysed in practical, low-cost ways (e.g. using statistical data, surveys and checklists)?
3. How accurate, complete and reliable will the data be?
4. Will the chosen methods get all of the information needed?
5. What additional methods should be used?
6. Will the resulting data appear credible to decision makers (e.g. to funding bodies, senior management)?
7. Will those who provide the data conform to the chosen methods (e.g. will they complete questionnaires, engage in interviews or focus groups and let you examine documentation)?
8. Who can administer the methods? Is training required or will you need to employ someone with the expertise?
9. How can the information be analysed?

6. Analysing and interpreting data

There are certain basics in analysing quantitative and qualitative data that can help to make sense of large amounts of data:

Always start with your evaluation goals

When analysing data (from whatever source), always start by reviewing the evaluation goals (i.e. the reasons for the evaluation). This will help you organise your data and focus your analysis.

Basic analysis of quantitative data

1. Tabulate the data, i.e. add the number of ratings or rankings for each question.
2. Apply statistical analysis to the data (e.g. mean, average, range, significance).

Basic analysis of qualitative data

1. Organise and label data under similar categories (e.g. concerns, suggestions, recommendations, strengths, weaknesses, similar experiences, outcome indicators).
2. Attempt to identify patterns or associations and causal relationships in and across the categories (e.g. staff who attended training had similar concerns).

When reporting on the evaluation, record conclusions about service operation, such as whether it met specified goals, and make recommendations to help improve the program. Summarise the data collected and provide an interpretation of it to support the conclusions and recommendations in the report.

7. Evaluating abuse, neglect and exploitation prevention measures

It is important to evaluate the impact and outcomes of abuse, neglect and exploitation prevention measures so that they can be continuously improved or added to in order to develop and maintain client-safe practices and environments.

Several actions can be taken to help with this evaluation:

- Before implementing new or revised abuse, neglect and exploitation prevention measures, ask staff, clients, families and carers about how they view the current situation regarding abuse, neglect and exploitation prevention in the service, and what they think could and should be improved.
- Invite feedback on policies and procedures as they are developed, and afterwards when they are implemented — do this through focus groups, team meetings, surveys, questionnaires to staff and clients, families and carers.
- Monitor implementation and ongoing use of the measures. For example:
  - gather data on incidents and complaints and look at changes and trends over time (i.e. from before, during and after implementation)
  - seek periodic feedback from teams, managers, clients, families and other stakeholders on specific questions related to the use and impact of different abuse, neglect and exploitation prevention measures.
- Progressively collate and analyse relevant statistical data and qualitative feedback to identify the impacts and outcomes of each measure over time.
- Review the evaluation outcomes regularly to ensure that the measures are working and to identify gaps that need to be dealt with.

8. Further information

There are many other books and web-based sources of information about evaluation. In addition to generally understood information about evaluation, specific sources used to develop this section are listed under references and links.

References and links

14. References and links

Below is a list of the references used and drawn from in developing the Fact Sheets and other resources in this compendium, and further information and reading on related topics.

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