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# **Review of Safeguarding Practices in [REDACTED] Division Disability Accommodation Services**

Department of Health and Human  
Services

July 2015

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# 1. Introduction

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## 1.1 Scope

KPMG was engaged to conduct an independent Review of safeguarding of residents within Disability Accommodation Services (DAS) in the Division of the Victorian Department of Health and Human Services (the Division). The Review was triggered by the

Division, of abuse of people living in the group homes

In light of these incidents, the Division sought advice to understand whether any policies, practices or procedures could have prevented the incidents from occurring.

As part of this Review, the Division was also seeking to understand how well the current policies, practices and procedures are working to keep residents safe and whether there are opportunities to make changes to improve resident safety (recognising that it is not possible to eliminate all risks to resident safety).

This Review has two main objectives:

1. to identify whether any policies, practices and/or procedures could have prevented the specific incidents of abuse from taking place
2. to identify opportunities and recommended actions for the Division to continue to strengthen the current framework for keeping residents safe.

## 1.2 Limitations

This Review included a document review of:

- the policies and procedures related to recruitment, induction, performance management and professional development
- processes and guidance material for clients, families and staff on reporting complaints and allegations of inappropriate staff behaviour and abuse.

For a full list of the written material analysed see Appendix A.

In addition, a series of consultations were conducted with:

- a selection of Divisional Office staff
- a sample of DAS Operations Managers and House Supervisors
- staff of group homes, including of the sites at which

The contained scope of these consultations means that this Review does not reflect the broader perspectives of stakeholders within or associated with Division.

This Review **did not include** consultations with residents (or their families) who lived in the involved in the incidents described above had worked. Consultation with these groups was determined to be beyond the scope of this Review due to the overlap in timing with proceedings and concerns about re-traumatising residents and their families or influencing evidence that may be part of the ongoing proceedings.

### 1.3 Report Structure

The remainder of this report is structured as follows:

- Chapter 2 provides context on safeguarding within the disability support environment.
- Chapter 3 provides more detail about the approach taken in this Review.
- Chapter 4 provides an overview of the Department of Health and Human Services' current policies, procedures and practices for keeping residents of disability accommodation services safe.
- Chapter 5 provides analysis of the incident that triggered this Review, and whether this Review has been able to identify any policies, procedures or practices that could have prevented the incident from occurring.
- Chapter 6 brings together our understanding of the policies and processes for keeping residents of disability accommodation services safe with our qualitative insights about how well these are translated into practice in the group home environment to identify areas where the current system could be strengthened.
- Chapter 7 draws on the discussion from Chapter 6 to highlight the key opportunities for strengthening safeguards in Disability Accommodation Services.
- Chapter 8 considers the safeguarding approaches in the context of the National Disability Insurance Scheme.



## 2. Context

This Review has been undertaken with an understanding that people with a disability have the right to 'freedom from exploitation, violence and abuse'.<sup>1</sup> The responsibility to ensure that these rights are safeguarded rests with governments, communities, and all citizens.

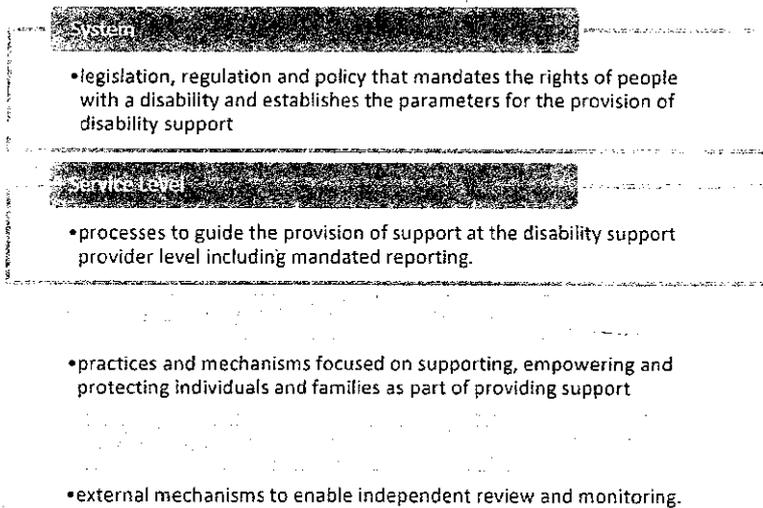
In examining the current policies, procedures and practices that are in place to keep residents of DAS safe, this Review has been informed by an understanding of contemporary safeguarding approaches that aim to address the issue at multiple points of intervention – from preventing an event from occurring, to redressing an event once it has occurred. The literature regarding preventing initial and ongoing cases of abuse consistently categorises these efforts into primary, secondary, and tertiary interventions:<sup>2</sup>

In line with the aforementioned categories, Michael Kendrick from the United States proposed a three tiered approach with an emphasis on the dynamics of 'inclusion and protection':

- **Developmental safeguards:** which aim to produce desirable social conditions for 'inclusion and protection' of people with a disability, supporting their valued status in the community and developing supports through family and intentional relationship building.
- **Preventative safeguards:** which focus on service design and cultures to prevent abuse and neglect and actively address risks for individuals.
- **Corrective safeguards:** which offer redress and trauma support after incidents occur.<sup>3</sup>

The need for safeguarding strategies to contain multiple levels of safeguards and interventions with differing purposes has consistently been described in the literature.<sup>4</sup> This multi-layered approach is summarised in the following figure.

Figure 1: A multi-layered approach to safeguarding



Source: KPMG adapted from *Safeguarding People's Right to be Free from Abuse, Learning from Complaints, Occasional Paper No. 1: Disability Services Commissioner, June 2012.*

<sup>1</sup> United Nations, *Convention on the rights of persons with disabilities and protocol*,

<http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>, accessed November 2012.

<sup>2</sup> Faulkner, A., Sweeney, F. (2011) *Prevention in adult safeguarding*, Social Care Institute for Excellence, accessed October 2012 at <http://www.scie.org.uk/publications/reports/report41/>

<sup>3</sup> Ibid

<sup>4</sup> KPMG (2012) *Safeguard Mapping Project*, South Australian Department for Communities and Social Inclusion.

In the context of this Review, the Department and the Division have influence over safeguarding at each of these levels. This Review has primarily focussed at the service level and individual level specifically considering policies, procedures, practices and cultural aspects that keep residents safe.



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### 3. Approach

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Underpinning all aspects of this Review is an understanding of the contemporary safeguarding frameworks discussed in the previous chapter and an understanding of the group home (accommodation) support model and the specific role of support workers, referred to as House Staff

Residents depend on House Staff for assistance with daily activities, providing House Staff with a significant level of influence over resident safety and wellbeing. Consequently, inappropriate House Staff have the potential to pose a risk to resident safety, particularly considering that the operating model for group homes often means staff are required to support residents on an unsupervised basis. Recognising the importance of House Staff to keeping residents safe, this Review has focused on the staffing policies, procedures and practices. Specifically, this has included:

- recruitment, induction and orientation (to houses)
- performance management, professional development and supervision
- mechanisms for clients, families and staff to report complaints and allegations of inappropriate staff behaviour and abuse.

This Review has involved a two staged process involving an examination of relevant documentation and consultation with a range of stakeholders.

#### 3.1.1 Document Review

The purpose of the first stage was to gain an understanding of how the service intends to keep residents safe and to identify any potential areas for strengthening.

This stage involved a review of key Department of Health and Human Services (the Department) and Division policies, procedures and guidelines related to staff recruitment, staff performance management and development, incident reporting and complaints management that inform practice within Division. This stage also included consideration of how these policies and processes could be expected to operate in the group home environment if they were effectively being translated into practice. A complete list of the documents reviewed is contained at Appendix A.

#### 3.1.2 Stakeholder Consultations

The second stage of this Review involved a series of stakeholder consultations to test and refine our understanding of how the Department's policies and procedures for keeping residents safe are applied in the context of DAS within Division, and to seek insights into where there might be opportunities to strengthen the current system.

Division DAS staff were the primary focus of this first stage of consultations. This Review included exploring views of staff at a variety of levels, specifically: the Director of Division, the DAS Management Group, a selection of DAS Operations Managers, the Client Outcomes and Service Improvement Area and the

Consultations were also undertaken with House Supervisors and direct support staff teams at homes. The focus of these consultations was to test how the policies and procedures are translated into practice at the house level (and whether this varies across houses) and to identify where things are working well and where there are opportunities for improvements. houses included in this stage were houses in which the and the team at one of these had With this particular staff group, discussion focused on the circumstances associated with the of incidents.

This Review sought to include the views of individuals living in disability accommodation and their families through discussions with Valid and resident group.

## 4. Understanding the current system

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Division DAS has a range of policies, procedures and practices in place that contribute to resident safety. These policies and practices cover recruitment, induction and orientation, incident reporting and complaints processes, as well as staff performance management and professional development.

### 4.1 Recruitment

When recruiting for permanent and casual staff for Division, DAS complies with DHHS recruitment policies. This involves a formal four staged recruitment process (plan, attract, recruit, engage). There are a number of opportunities to gather information to assess an applicant's suitability for working in the support environment, including through panel interviews, group activities as well as reference and background checks. Panel members are provided with a set of standard questions to ask referees when conducting a referee check, which is intended to ensure reference checks consistently obtain relevant information about potential employees.

### 4.2 Induction and orientation

Newly hired Group Home Staff must attend a three day induction program before they commence working in DAS. This provides new employees with a broad range of material and includes sessions on: defining disability and understanding the history and impact of disability, working within a legal and ethical framework, providing support to people with complex communication needs, assisting with administration of medication, occupational health and safety, fire and emergency evacuation training, person directed practice and person centred active support.

The intention is that new staff should then work supervised and supernumerary shifts in Group Homes before they are actively part of the roster. This should provide new staff members with time to learn from experienced staff, so they are better prepared to support residents when they are actively on the Group Home roster.

### 4.3 Staff Guidance

The *Residential Services Practice Manual* is a key source of information for Group Home Staff, and includes information about their role and duty of care requirements, as well as elements of safeguarding for residents including guidance for undertaking a risk assessment for client support needs. However, the *Residential Services Practice Manual* does not provide specific guidance on responding to allegations of sexual abuse.

### 4.4 Professional Development

Division has a structured process in which staff members are able to meet with their supervisors to discuss learning and opportunities to develop skills and ensure staff understand and implement policies and procedures correctly. This policy is not used to manage disciplinary matters, but provides an opportunity for discussions to ensure work is being performed properly.

### 4.5 Performance Management

Guidance material is available to support House Supervisors in performance managing staff through the *Managing Performance and Conduct in Disability Services Policy*. This policy outlines the procedures that managers should follow to respond to any allegations of misconduct. The policy empowers managers to act in response to an incident, but also to a series of incidents that, together, may constitute a series of misconduct.

### 4.6 Complaints and incident reports

Within Division DAS, there are clear processes and procedures for residents and their families to lodge complaints. Residents and families have access to both the general Department of Health and Human Services Complaint Form as well as a general *Making a Complaint* guide. In addition, residents are provided with a *Disability Residential Services: Residential Statement*, which provides clear information tailored for residents about what they should expect at their accommodation.

There are also clearly established policies, procedures and practices for staff to follow in lodging, investigating and responding to incident reports. There are standard incident report forms as well as guidance material for staff to ensure reports include all relevant information and are completed within the necessary timelines and that all relevant managers are notified of the incident and endorse all decisions.



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## 5. Findings related to the alleged abuse

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In forming a view on whether the Division could have done anything to prevent the instances of abuse from occurring, this Review was limited to gathering information from Divisional staff, and the Group Home Staff who most recently worked (and who currently support

Consultation with residents and their families was considered beyond the scope of this project. Consequently, this report does not represent the views of residents or their families.

**Based on the information available, the Review has not identified any actions the Division could have taken or policies or procedures that the Division could have implemented to prevent the incidents of abuse from taking place. The Review found that:**

- 
- 
- Group Home Staff reported that This is understandable given the literature on the typical environmental grooming behaviours of sexual predators, where the offender establishes themselves in a valued position in the victim's life so that others see the relationship between the offender and the victim as desired and valued (further information about the behaviour of sexual predators is provided in Appendix B).
- Group Home Staff reported that they were and the staff had obviously spent a considerable amount of time reflecting on whether they could have done anything differently
- Group Home Staff were also This can also be understood in the context of grooming behaviour (see Appendix B).
- The DAS Management Group and Operations Managers shared the views of the Group Home Staff. The DAS Management Group also recalled that These groups aim to increase resident awareness of their rights, and empower residents to speak up when they feel their rights are not respected.

**This Review has, however, identified a number of areas where the Division could strengthen the current policies, procedures and practices in order to improve resident safety.** These broader opportunities are discussed in the following chapter.

## 6. Opportunities to strengthen the current system

The second objective of this Review was to consider whether there are opportunities to make changes to the Division's policies, processes and practices that would improve resident safety going forward.

This section of the report examines the policies, procedures and practices related to:

- general safeguarding
- recruitment
- induction and orientation
- incident reporting
- supervision
- professional development and performance management
- individual support planning.

For each of these areas, an explanation of why the area of focus is important for keeping residents safe and what should be expected in the support environment if the policy/procedure/practice was working effectively is provided. How the DAS system keeps residents safe is also described, based on the information gathered from the document review and the qualitative insights from stakeholder consultations to identify opportunities to improve resident safety.

### 6.1 General safeguarding

#### Why are safeguarding policies, practices and procedures important for keeping residents safe

Safeguards seek to keep residents safe using multiple points of intervention – from preventing an event from occurring, to redressing an event once it has occurred. Policies guide organisational processes and the practice of staff in relation to their approach to service provision and daily interaction with clients, and are intended to provide clarity about expectations in relation to standards of support and staff behaviours.

#### What would you expect to see in the support environment

##### Residents and families

Residents and families:

- are aware of and know how to access information and departmental policies, particularly around complaints
- are provided with and understand information on resident rights
- receive information and education on understanding and recognising abuse and neglect
- are supported to understand the difference between "ok" and "not ok" touching
- receive information and education about sexuality, their rights to engage in sexual behaviours/relationships, right to refuse consent, right to be free from sexual abuse, recognising inappropriate touch, speaking up when they experience abuse
- receive information to assist them to access community resources such as complaints mechanisms, advocacy and independent representation
- have natural support networks, including family, friends and the broader community
- are able to have visitors over to their home.

### Support workers

Support workers:

- are aware of and understand departmental policies related to residents rights, their duty of care to residents, completing risk assessments for residents as part of support planning
- have access to training about abuse and neglect, safeguarding approaches and responding to abuse and neglect
- can access training about people with disability and sexuality
- are encouraged to participate in training and information on sexual abuse, including: vulnerability factors; grooming behaviours; indicators of sexual abuse; barriers to disclosing; and how to respond to a disclosure of sexual abuse
- possess the skills and understanding necessary to build risk identification and assessment of risk into resident support planning.

### Organisation

DHHS Division:

- proactively identifies and assess risks across the service system and respond accordingly
- provides appropriate staffing levels
- recruits suitable staff for the support environment
- conducts support planning that is underpinned by appreciation of the rights of people with disability
- provides policies, practices and procedures to assist staff with identifying and responding to abuse and neglect
- utilises a range of methods to embed an awareness of safeguarding practice and its relationship to resident support and protection from abuse and neglect in the organisational culture
- monitors and reviews incident reports and complaints to identify patterns and trends and identify actions to be taken in order to improve resident safety going forward, and shares this information across the organisation, including with House Staff
- has robust mechanisms for corrective practice (quality support reviews)
- has learning and development strategies that focus on understanding the legal framework for protection, definitions of harm, abuse and vulnerability and using communication skills to prevent abuse, as well as the importance of knowing individuals and personalising their support.
- ensures compliance to legislation and policy in relation to ensuring the individual's right to be free from abuse and neglect and the use of restrictive practices.

### Review findings

#### Policy

Residents and families have access to both the general Department of Human Services Complaint Form as well as a general *Making a complaint* guide. Both documents are very general and it is unclear how accessible they are to all people with disability, particularly as the complaint needs to be made in writing.

In addition, residents are provided with a *Disability Residential Services: Residential Statement*, which provides clear information tailored for residents about what they should expect at their accommodation, and series of fact sheets on topics including:

- Providing feedback and expressing concerns



- Advocacy
- Privacy
- Staying Safe.

These fact sheets provide a range of reference documents for residents and families to access if necessary.

Staff responsibilities are clearly articulated in the *Residential Services Practice Manual*, and include:

- following the Code of Conduct for Victorian Public Sector Employees
- following the departmental values
- maintaining duty of care requirements
- modelling appropriate behaviour
- reporting inappropriate behaviour
- co-operating with management
- maintaining confidentiality and ensuring privacy
- accurately documenting attendances and absences on timesheets
- following occupational health and safety requirements.

Through the *Residential Services Practice Manual*, staff have access to a range of documents that outline some aspects of safeguarding, such as an overview of the 'Duty of care in residential services'. The *Duty of Care* chapter outlines risk factors for staff to be aware of when assessing the need for supervision when a resident interacts with an external service. Risk factors are both in terms of the resident, and also the service. The information provided is general, with limited nuance. For example, the policy advises consideration if 'the resident did not have capacity to make decision/choice about the service provider' but does not provide guidance on how to determine if this is the case.

The Preface to the *Residential Services Manual* provides an overview of the expectations of staff in relation to residents and, in doing so, aims to establish a culture of respect for residents. For example, the preface states that 'residents have the same right as others in the community to make choices and decisions about their lives'.

#### **Qualitative insights**

The residents who attend the [redacted] are very aware of their rights, what constitutes abuse and neglect and how to raise concerns if they felt their rights were not being respected. This high level of awareness is not likely to be consistent across the group home environment. The [redacted] considered that house staff had a significant impact on whether or not they feel safe, and reported that residents were more likely to feel safe when staff speak to them with respect and respect their privacy.

House staff were well informed of their duty of care to residents and that their duty of care underpins their role.

House staff consistently reported that residents are welcome to and encouraged to have family and friends over to the house, encouraging residents to develop informal safeguards. However, the key examples of this were at birthdays and Christmas which would provide limited opportunities for people external to the house to observe and interact with residents. Staff also expressed a view that this is more challenging to do in houses where some residents have significant behaviours of concern.

The Department is developing state-wide consistent definitions and business rules for reporting purposes where a Quality Support Review is triggered and for capturing data consistently across the DHHS Divisions. This will enable state-wide comparisons in data and trends in reports.

According to the Department, the focus of Quality Support Reviews has changed over recent years, with greater emphasis placed on gaining a holistic understanding of the residents needs through a collaborative approach involving a broad range of service providers (both internal and external to the Department) who support the resident.

#### Areas for strengthening

House staff and residents do not receive information or education on resident sexuality. **Providing residents with more information and education about their sexuality and their rights in relation to their bodies** will better enable them to recognise abuse if/when it occurs and whether to stop the incident from taking place, or report an incident that has occurred.

Staff do not receive training related to recognising the signs of abuse and neglect, or training specific to sexual abuse, vulnerability factors, grooming behaviours, and how to respond to a disclosure of sexual abuse. Child protection workers employed by the Department receive training on these issues. **The Department could leverage the expertise of Child Protection workers within DHHS in recognising abuse and neglect to provide training for staff working in disability accommodation services.** House Staff could then discuss this information at monthly house meetings or through other reflective practice mechanisms, particularly how their residents may show signs of abuse and neglect. This would provide House Staff with clear guidance on the signs to be aware of, better enabling staff to keep residents safe.

## 6.2 Recruitment

#### Why is recruitment important for keeping residents safe

Group Home Staff play a significant role in residents' lives, from daily social interaction to providing personal care. For this reason, Group Home Staff can be one of the greatest protective (or risk) factors to resident safety.

There are people who are deliberate and purposeful in targeting people with a disability in order to perpetrate abuse. These people seek out and take advantage of opportunities to access people with a disability in order to perpetrate abuse.<sup>5 6 7</sup>

Well-functioning recruitment processes are critical for the Division to work to ensure that the right people are selected for the role, and that unsuitable candidates are screened out of the selection process, reducing risks to resident safety.

#### What would you expect to see in the support environment

##### Residents and Family

People with disability and their families participate in the recruitment process.

##### Support workers

Support workers:

- demonstrate the skills, behaviours, capabilities and attitudes that are desired in a person who will provide support to people with a disability
- demonstrate awareness of the role and the Departmental Values and are able to describe how they would incorporate the Values into their work
- have provided professional references
- have successfully completed a Police Check and a Working with Children check

<sup>5</sup> Barr, L.C. (2012) *Learning from complaints – occasional paper 1*, Disability Services Commissioner, Victoria.

<sup>6</sup> The Nucleus Group (2002) *Abuse prevention strategies in specialist disability services*, Commonwealth Department of Family and Community Services (now the Department of Families, Housing, Community Services and Indigenous Affairs), Canberra.

<sup>7</sup> Price-Kelly, S., Attard, M. (2010) *Accommodating violence. The experience of domestic violence and people with disability living in licensed boarding houses*, People with Disability Australia, accessed November 2012 at <http://www.pwd.org.au/documents/pubs/Accommodating%20Violence%20Report.pdf>

- have been successfully screened against the Disability Worker Exclusion List.

### Organisation

DHHS Division:

- has a clear and easy to understand description of the role of a support worker
- has a description of the desired key attributes of successful candidates
- establishes recruitment panels with appropriately qualified staff and clients/families trained in the selection process
- has an agreed key set of standard interview questions for potential DAS house staff, but allows flexibility within the recruitment process to explore areas of interest or concern to the recruitment panel
- has in place a comprehensive selection process where skills, behaviours, capabilities and attitudes are assessed
- has an approved set of key questions to ask during referee checks to ensure consistency and test applicant suitability
- senior management provides oversight of decisions to encourage consistency across recruitment rounds.

### Review findings

#### Policy

Division has a detailed Recruitment Policy aimed at providing managers and supervisors with the information they require to recruit a new staff member. This is a whole of DHHS Disability Services policy.

The policy outlines a four staged recruitment process (plan, attract, recruit, engage), suggesting recruitment is a considered and lengthy process.

The Recruitment Policy articulates the need for thorough and varied background checks, including:

- Proof of Identity
- Work eligibility
- Qualifications
- Disability Worker Exclusion list
- Police
- Working with Children.

Division provides panel members with a Reference Check Template to conduct a reference check. This template provides a number of standard questions to ask referees. It also provides direction to ensure references are obtained from a candidate's most recent supervisor/manager, and references are obtained by a manager who has met and observed the candidate.

These provisions will help to ensure that genuine references are obtained, but could be supplemented by additional protocols to ensure that referees are genuine (e.g. landline numbers must be provided).

#### Procedure

According to the \_\_\_\_\_ the recruitment process for direct care staff is not much different to any other recruitment process in the Department.

The Department is currently undertaking a bulk recruitment round that is trialling some new approaches including: holding an up-front information session about what the role involves, a basic

computer literacy assessment, group activities to see how potential staff interact, behavioural interviews and psychometric testing.

The process includes a number of scenarios designed to introduce the idea of the person centred approach and a focus on risk enablement.

In the group activities, applicants are assessed against values including their willingness to listen. It should be noted that the Department does not have an agreed set of personal characteristics or values that staff working in this support environment should possess.

#### **Qualitative insights**

People with a disability do not participate in the recruitment process due to concerns they would assess applicants in a different way than the rest of the panel. Some families of people with disability are involved in facilitating a group exercise.

Direct care staff raised concerns about the duration of the recruitment process, and the potential this creates for the Department to miss out on good applicants. Some staff reported that their own processes took around six months.

Division staff, ranging from the house level up to the Disability Accommodation Managers raised concerns about the motives and quality of people entering the service. There was particular concern about a perceived tendency for some casual staff (in particular) to display a lack of work ethic and a lack of respect for residents.

Staff at all levels were concerned that working in this sector was seen as a career "gap filler" where people at the beginning or end of their career could make good money without any passion for the residents.

Managers reported a tension in the system between the desire to recruit the right people, and the pressure to fill shifts.

#### **Areas for strengthening**

Overall, the Department and Division has well documented recruitment processes and procedures, however there are several opportunities to enable clients to have more input into the process.

The Division could work with other Divisions across the Department to **develop a description of the key personal characteristics/values that people working in this support environment should possess.** The Division could seek input from the about the staff characteristics that are important to residents and that make them feel safe.

The Department could also **investigate opportunities to directly include clients in the recruitment process.**

Involving people with a disability in the recruitment and selection of the staff who will be involved in the delivery of services to them directly or to people who they represent is consistent with the goals of "choice and control" that underpin a person centred approach to service delivery, and which will guide the delivery of services in the National Disability Insurance Scheme environment. This input would need to be on top of the formal public sector recruitment approach that requires all public sector candidates to undergo employment processes that are transparent and equitable (and therefore require a very objective decision making process based on predetermined selection criteria).

This would also enable the Department to observe how potential employees interact with people with disability before they are employed to screen out unsuitable individuals.  
would be well placed to participate in the recruitment process on behalf of residents.

### **6.3 Induction and Orientation**

#### **Why is induction and orientation important for keeping residents safe**

An effective Induction and Orientation program introduces new staff to their workplace and prepares them for their new role.



In the case of disability accommodation staff, an effective induction and Orientation program is particularly important for ensuring staff have a comprehensive understanding of the broad philosophy of person centredness, and the policies and procedures that they must work under, and can apply these policies to keeping residents safe.

Induction programs are also an opportunity to provide initial training to staff, particularly necessary given that Group Home Staff no longer require a minimum Certificate IV qualification, and new staff may not have experience working with people with disability, or within a group home environment.

Induction periods should be followed by an orientation period in which new staff have the opportunity to observe and learn from more experienced staff and build on their understanding of the policies and procedures discussed during induction.

### **What would you expect to see in the support environment**

#### **Resident and family**

Residents and their families would have the opportunity to participate in the staff member's orientation to the house.

#### **Support Workers**

Support workers:

- complete induction to the organisation and the service before starting work in a house
- understand the rights of people with a disability, the person centred approach, and what client choice and control means in a support environment
- understand the Code of Conduct and implications for their role
- understand their roles and responsibilities
- understand the principles of duty of care and risk enablement and the implications for their day to day role
- have completed all relevant mandatory training and training in disability support prior to commencing work in a house
- understand abuse and neglect and vulnerability factors
- are able to recognise indicators of abuse and neglect for people with disability
- have an understanding of people with disability and sexuality, sexual abuse and the factors that make people more vulnerable to sexual abuse, grooming behaviours, indicators of sexual abuse, barriers to disclosing, and responding to a disclosure of sexual abuse.

#### **Organisation**

DHHS Division:

- provides a formal induction and orientation program that is completed before staff begin working in the service
- appropriately tailors the induction and orientation programs to the workforce skill and capability requirements
- ensures that the induction program includes modules on: resident rights, individualised support planning, duty of care, recognising and responding to abuse and neglect
- ensures that the induction program includes a module specifically addressing people with disability and sexuality, sexual abuse including vulnerability factors, grooming behaviours, indicators of sexual abuse, barriers to disclosing, and responding to a disclosure of sexual abuse.

## Review findings

### Policy

The Review examined the Division's current Induction Learning Program and the previous Induction Program. Over time, induction has been shortened from 10 days to three days (with a fourth day at a later date).

The previous Induction Program was more thorough, in terms of material provided to staff and the time spent inducting staff, however neither Induction Program explicitly addressed recognising or responding to resident abuse or neglect or information about recognising and responding to sexual abuse.

Induction covers a broad range of material in the limited time available, including sessions on: defining disability and understanding the history and impact of disability, working within a legal and ethical framework, providing support to people with complex communication needs, assisting with administration of medication, occupational health and safety, fire and emergency evacuation training, Person Directed Practice and Person Centred Active Support.

### Process

When support workers begin employment their first shifts should be supernumerary, where they are an extra resource and can learn by watching and working alongside experienced staff. When staff have a shift at a new house, they should have time to review the house documentation about the resident's support needs and basic house protocols (including evacuation) to ensure that, once their shift starts, they are able to effectively assist residents.

### Qualitative Insights

Induction to the Department and the service takes place before staff begin working in the service. Staff views were that for those staff who had never worked in the sector, induction did not adequately prepare them for what they would experience at the house level. The DAS Management Group recognised the fact that once induction is completed, new employees still need to develop a lot of skills and capabilities through on the job training.

According to house staff, the supernumerary shifts do not always happen in practice. One staff member spoke of their own experience where their first shift was not supernumerary and instead was an active night duty shift, where they were the only staff member at the house.

Staff referred to a formal checklist that House Staff must take a new staff member through before they start their shift, this is part of orientation to the house. However, it was reported that this is not always followed at the start of a shift, depending on the residents' needs and the number and priorities of other staff members that are rostered on at that time.

Staff consistently reported that they do not feel confident in their ability to recognise the indicators of abuse and neglect, and have not received training on the topic through either induction, compulsory training or professional development opportunities. Staff were hopeful that they would be able to observe a change in resident behaviour, if abuse was taking place. However, staff reported that, even if they did recognise a behavioural change, they would not be confident that they would draw a link to abuse and/or neglect.

### Areas for strengthening

The induction process does not provide any explicit information on people with a disability and sexuality, or information on how to recognise indicators of abuse, and neglect. In order to better ensure resident safety the **Induction processes could provide staff with information about vulnerability and recognising the signs of abuse and neglect, particularly sexual abuse, and the different safeguarding mechanisms for keeping residents safe.**

Through rostering arrangements, **the Division should ensure that all new staff members have completed their first supernumerary shifts before they are actively rostered on.** Rostering arrangements should also provide sufficient time for experienced staff members to provide new staff members with orientation to the house before the shift begins. These measures will ensure that residents are not cared for by completely inexperienced and unfamiliar staff.

## 6.4 Incident Reporting and Complaints

### Why is incident reporting and incident management important for keeping residents safe

Incident Reports and complaints are a key way for both staff and residents to raise concerns about resident safety. If concerns are raised, the Department can then investigate these claims and take appropriate actions to protect residents.

The information gathered from Incident Reports and complaints can be analysed to identify common characteristics and trends. For example, if medication errors were commonly emerging as an issue then the Department may choose to provide additional training on this matter for staff, which would be a preventative measure for protecting resident health safety.

Incidents provide learning opportunities, and every Incident Report should be accompanied by a plan to reduce the likelihood of the incident occurring again.

### What would you expect to see in the support environment

#### Residents and families

Residents and families:

- are aware of their rights, including the right to complain if they are concerned about the service they are receiving
- understand what constitutes abuse and neglect
- are aware and able to access the complaints processes
- are informed of progress toward addressing a complaint
- are aware of other avenues for raising concerns outside of DHHS
- know who to tell if they have a complaint/concern and would feel comfortable doing so
- are informed about what will happen if there is an incident involving the individual who resides at a DAS house
- are involved in planning to reduce the likelihood of an incident recurring.

Families are also:

- informed immediately of any incidents involving their family member who resides in a DAS house
- informed of progress toward implementing the plan to reduce further incidents.

#### Support workers

Support workers:

- understand that their responsibility to keep clients safe is paramount
- continually reinforce clients' rights to speak up if they are unhappy about a service or a specific incident during their engagement with clients
- understand what an incident is and how to respond
- are aware of Incident Reporting policies and guidelines and procedures
- recognise the importance of Incident Reporting
- work in an environment where the Incident Reporting is encouraged

- can access easy to understand guidance material on completing Incident Reports and notifying Police in the case of abuse
- are engaged in processes to reduce the likelihood of an incident recurring
- engage in processes at the house level to reflect on learnings from Incident Reports and the implications for practice
- are aware of how and to whom they can raise concerns about incidents of abuse and neglect
- feel confident to make a report if they have witnessed abuse and neglect
- will not be punished by colleagues or the organisation for raising concerns or reporting suspicions of abuse.

### Organisation

DHHS Division:

- creates a culture that encourages clients, families and staff to speak out if they have concerns or have experienced or witnessed or suspect abuse
- balances the need to treat staff fairly and respect the principle of natural justice with the need to ensure that clients are protected from abuse and neglect when responding to allegations or reports of abuse or neglect
- provides clear policies to guide processes and practices for responding to Incident Reports
- takes seriously all Incident Reports, complaints and allegations of abuse and neglect and investigates in a timely and sensitive manner
- effectively manages the investigation of incident Reports and complaints, including reports of abuse, with support for the reporter and reportee
- communicates the result of the investigation to residents and effected staff, especially where corrective action is necessary
- encourages reflective practice and a culture of learning from incidents
- captures, analyses and reports data about incidents to inform organisational learning at all levels.

### Review findings

#### Policy

DHHS has developed fact sheets targeted at residents that provides them with information about how to make a complaint.

Division has a range of policies for staff to refer to in the case of an incident, provided to staff in the *Residential Services Practice Manual*. These documents provide comprehensive guidance on the procedures that staff must follow to report incidents.

To report incidents, staff must complete the Resident Incident Report form, which is the basis for reporting any incident involving residents. The form is clearly structured to ensure that all necessary information is collected, timelines are adhered to and appropriate senior managers are notified of the incident and endorse all decisions.

The Resident Incident Report form is supported by a *Resident Incident Report – How to Complete* document as well as a document called *Writing Effective Department of Human Service Resident Incident Reports*. These two documents provide guidance to staff members about how to comprehensively complete the forms and use objective and factual language. These documents are important to ensure that any reports that are made are not limited by incorrect, emotive or accusatory language.

In addition, Division has a clear policy for *Responding to allegations of physical or sexual assault*. Managers are supported by a *Critical resident incident management instruction*, which outlines management and reporting requirements for incidents or alleged incidents that involve/impact residents during service delivery.

The Disability Services Practice Advice, Critical Resident Incident Management Instruction 2011 states that the key reason for reporting incidents is to learn from them and try to prevent their reoccurrence. This document suggests that DHHS Division is attempting to put policies in place to foster a reporting culture rather than a compliance culture, in which staff feel supported, safe and encouraged to report incidents.

### **Qualitative Insights**

#### *Complaints*

According to House Staff and DAS Management, as a whole families in the Division are well aware of the processes for making complaints and do not hesitate to do so. However, there are families who and do not contact residents regularly.

#### *Incident reports*

House staff frequently referred to the importance of their "gut feel" about other staff members, and whether they can be trusted unsupervised with residents. House staff recognised that although it is not possible to report a "gut feel", in cases where they have had concerns with another staff member, staff consistently reported that they would observe the staff member closely while working with them. Some staff also mentioned that they would then raise their concerns this the House Manager when they next saw each other.

House staff consistently spoke of their duty of care for the residents, and recognised that their duty of care to the residents comes before any friendships or bonds with their colleagues. On this basis staff members reported that they would have no issues reporting a colleague for conducting abuse or neglect even if the culture of the house made it stressful to do so.

There were different views about the important of timelines for incident reports. From the perspective it is absolutely necessary to have penalties for staff who fail to report an incident within the specified timeline. On the other hand, House Staff reported that imposing penalties on an individual for making a late incident report discourages staff from reporting incidents at all, if they have missed the deadline. House staff also reflected that this policy does not provide staff with enough time to reflect on instances where they have been uncomfortable with a staff member's behaviour towards residents, but where it is not a clear example of physical abuse.

House Staff expressed frustration over their view that often when an incident at the house is reported involving a staff member, the Division's response is to move the implicated staff member to a different house.

House Staff understood that this outcome is common because of the nature of the group home model, where there are often only two staff members rostered on at a time combined with the level of evidence required to substantiate an incident. Consequently, where there is no physical evidence (if for example verbal abuse has occurred against a non-verbal client) then the incident is almost impossible to substantiate as it is one staff member's word versus the other's. Although staff expressed frustration with this process they also recognised the need to protect staff members

All house staff considered their House Supervisor as the first point of call if they were concerned about potential abuse or neglect of a resident. However, when asked who they would tell if the House Supervisor did not act, awareness of procedures across houses was inconsistent. In a house where staff were not aware of the procedures, they stated they would contact the Health and Community Services Union. This over-reliance of House Supervisors suggests that there is a level of disempowerment among some staff which needs to be addressed. The notion of contacting the



Union rather than following the clear procedural guidelines about who to contact also indicates that further training is required to ensure that all staff understand their role in responding to incidents of suspected or actual abuse.

#### Areas for strengthening

**More easily accessible information and education could be provided to residents so they are more aware of what is unacceptable staff behaviour.** House staff would have a key role in reinforcing this information with residents on a daily basis. For example, when bathing residents, staff should consistently reinforce the boundary between "ok" and "not ok" touching.

**Ensuring that all staff are trained in recognising and responding to suspected or actual abuse is critical to keeping residents safe.** Training should also be supported by the creation of a culture that encourages staff to speak out if they have concerns, and where they are empowered to act if they become aware of abuse.

**Ensuring that the right people are in the House Supervisor role is important for ensuring the support environment is focused on keeping residents safe.** House Managers play a key role in creating a culture in the house where reporting is encouraged, and where staff feel confident to raise concerns about "gut feel" issues. House Supervisors also play a key role in passing on reports and concerns up to the Operations Managers.

**Operations Managers and House Supervisors could be provided with more coaching and guidance from DAS managers about the application of the incident reporting policy, related to the penalties for late reports.** This would ensure that staff are not discouraged from reporting incidents altogether in cases where they have needed time to reflect before deciding that a report is required. The development of targeted learning and development modules focused on supporting managers in understanding and undertaking their role in the management and response to incidences of abuse and neglect and investigation procedures could assist.

## 6.5 Supervision, Performance Management, and Learning and Development

### Why are supervision, performance management and Learning and Development important for keeping residents safe

Supervision and access to Learning and Development opportunities are important ways to encourage disability support workers to continue learning and developing their knowledge and skills, and keep up to date with best practice to better support residents and keep them safe.

Performance management is an important mechanism for House Supervisors to hold House Staff accountable in cases where House Staff are not providing residents with the required level of support.

The House Supervisor plays a key role in establishing the culture in the house, setting and modelling the standard of care and coaching and developing other direct care staff.

### What would you expect to see in the support environment

#### Support workers

Support workers:

- receive regular feedback about their performance
- are encouraged to reflect on their own practice and identify opportunities for improvement
- are supported to continually learn and develop new skills
- have formal plans to improve performance if necessary.

*Supervision discussions* happen regularly with the house supervisor and include discussion of:

- support worker strengths

- support worker areas for improvement
- opportunity to discuss and reflect on previous incidents and how things could have been handled differently
- identification of any staff development or training needs
- support staff feel comfortable that they could raise concerns about abuse and neglect with the house supervisor
- six month probationary period is taken seriously with formal feedback provided about performance.

*House meetings include:*

- team discussion of observations about resident behaviour, particularly any changes in behaviour
- the opportunity to reflect on what is working well in the house and what could be improved
- discussion of resident support plans, and whether any adjustments are required to better support residents
- discussion of any departmental policy/procedure changes and what this means for the house and the residents within the house
- opportunities for staff to raise any concerns about things happening in the house that they feel uncomfortable about, for example if one staff member seems to be favouring one resident more than others.

#### **Organisation**

DHHS Division:

- Operations Managers visit all 7 of their houses regularly to observe the operation of the house and provide guidance on practice improvements. Ideally this would occur on a weekly basis
- Operations Managers provide guidance to house managers and support staff on practice improvement
- Operations Managers and DAS managers review probationary forms to ensure they support the recommended action
- provides formal and informal opportunities for staff learning and development
- creates a culture of reflective practice
- ensures that individuals are adequately trained to work with specific clients or client groups
- ensures that poor performance is actively managed and non-performers are terminated.

#### **Review findings**

##### **Policy**

###### *Performance Management*

To manage performance, managers can refer to the *Managing Performance and Conduct in Disability Services Policy*. This policy outlines the procedure that managers should follow to respond to any allegations of misconduct. The policy empowers managers to act in response to an incident, but also to a series of incidents that, together, may constitute a series of misconduct.

###### *Learning and Development*

Division has a *Professional Development and Support in Disability Accommodation Services (DAS) Policy* which describes a structured process in which staff members are able to meet with their supervisors to discuss learning and skills opportunities and ensure staff understand and



implement policies and procedures correctly. This policy is not used to manage disciplinary matters, but provides an opportunity for discussions to ensure work is being performed properly.

The *Residential Services Practice Manual* outlines the learning and development activities related to job requirements that staff are required to attend. These include:

- first aid and fire safety training
- learning activities linked to resident needs, such as specific health
- management training
- work safety, such as manual handling and other occupational health and safety requirements.

### Qualitative Insights

#### *Supervision*

Instead, House Supervisors spoke of encouraging a culture in the house where any issues are addressed immediately, apparently leaving little to be discussed in one on one meeting. House Supervisors also spoke of trying to take an active coaching role with staff during shifts, to encourage on the job learning and practice improvement. The House Staff agreed that this occurred, and that if they had any specific issues they wanted to discuss with the House Supervisor they would feel comfortable approaching them and requesting a meeting.

#### *Learning and development*

Some House Staff expressed frustration that there was limited budget for development activities, and reported that training and course places were often allocated to House Supervisors and their second in command. Staff and managers also reported that they were not confident that they would be able to identify indicators of sexual abuse and in light of recent cases of sexual abuse within DAS and elsewhere, discussed their need for training about people with disability and sexuality, sexual abuse including vulnerability factors, grooming behaviours, indicators of sexual abuse, barriers to disclosing, and responding to a disclosure of sexual abuse.

According to Divisional staff, House meetings happen monthly and have a long standard agenda that is consistent across houses. This includes a discussion of any policy/practice changes, and how they will impact on the house. Staff who do not attend these meetings (e.g. night staff) are required to sign a memo stating they are aware of and understand the change in policy. Residents are also discussed at house meetings including observations about their behavior and how the staff team could better support them. According to house staff, the length of the agenda for these meetings often means that staff do not get to all agenda items.

Different houses seemed to have a different level of engagement with their Operations Managers.

Some reported having an Operations Manager that they see frequently, who is constantly identifying areas to improve the way the house operates. Other staff reported not having seen their Operations Manager in months. This is consistent with the focus group with Operations Managers, where staff admitted that their underperforming houses take up majority of their time.

### Areas for strengthening

**House Supervisors could be better supported to undertake the more formal aspects of their role as performance managers.** This could include providing Supervisors with training in people management skills. This would ensure a greater level of professionalism in the house, and provide staff with regular opportunities to raise concerns about resident safety.

**The Division could provide House Managers with the time and permission to lead reflective practice exercises as part of the House meetings.** This would help ensure that the household culture is focused on continuing to improve the quality of supports for residents. Reflective practice would be particularly useful in circumstances where an incident report or complaint has been lodged, and would focus on how things could be done differently to avoid the repetition of that outcome.

**Learning and Development should be a focus for the Division.** While this has budget implications, creating a culture of continuous learning and providing staff with access to regular and relevant training is critical to creating a skilled workforce which is important both now and into the future NDIS environment. In particular, access to training about abuse and neglect, including training designed to raise knowledge among staff about sexuality, vulnerability and sexual abuse is essential to reducing the risk of further cases of sexual abuse within DAS. This formal training could be reinforced through regular discussion and reflection at House meetings.



## 7. Key opportunities for improvement

The commissioning of this Review and the information obtained during the course of the Review demonstrate that DHHS Division, and the Managers and staff working within DAS, are acutely aware of their obligations to protect and promote the rights of the people with a disability whom they support, and to ensure that they are free from abuse and neglect. The of sexual abuse of residents has prompted the organisation and individuals working within DAS Group Homes to ask "How could this have been prevented?" and "What more can we do to keep residents safe from abuse, particularly sexual abuse, in the future?"

The extent to which abuse, particularly sexual abuse, within Group Homes can be completely eliminated is a challenge not just for DHHS but also other disability service providers. Issues arising from the actual model mean that this is not easily solved. These issues include:

- roster patterns and staffing levels that see staff working alone with residents overnight and at other times during the normal course of a day
- the relatively "closed" environment of the Group Home, that provides only limited for external monitoring of service quality on a day to day basis
- a high level of reliance on casual staff, no requirement for staff to have a minimum qualification prior to employment and budget constraints that limit the amount of training staff receive during Induction, Orientation and further Learning and Development
- the individual characteristics of the residents within Group Homes that increase their vulnerability to abuse including a reliance on staff to provide support for activities of daily living such as toileting, bathing and dressing that involve touching residents' bodies, intellectual disability that may limit residents' ability to recognise or report abuse, and communication impairments that further limit capacity to report abuse
- the bonds that can develop between staff within a Group Home, particularly where staff rely on each for support when working with clients with complex and challenging support needs, and where staff may work together as team over many years, that make it difficult to recognise or speak out about unacceptable behaviour from team members therefore increasing the risk that indicators of abuse or actual incidents abuse will go unreported.

In this context, strengthening safeguards requires an approach that is multi-leveled and aims to target developmental, preventative and corrective strategies.

In identifying key areas for improvement, it is recognised that DAS Group Homes are operating in a period of change and that the implementation of the NDIS will bring major system reform and a changing role for the Victorian Government. However, until the NDIS is fully operational, the Department continues to have a responsibility to keep clients safe and well. Therefore, it is important that safeguarding strategies intended to reduce the risk of sexual abuse of residents are able to implemented and take effect in the short term.

The key areas for improvement that should be considered by DHHS Division in the short term are described below.

### 7.1 Developmental safeguarding strategies

#### 1 All staff and Managers should receive training about sexuality and sexual abuse.

- All staff and Managers within DAS should receive training that raises their understanding of people with disability and sexuality, sexual abuse including vulnerability factors, grooming behaviours, indicators of sexual abuse, barriers to disclosing, and responding to a disclosure of sexual abuse. This should involve:
  - a formal training module to ensure that all staff receive the same information
  - the opportunity to reflect on learnings and consider the implications for each individual resident through House meetings.

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- House Supervisors should receive additional training to support them to create or reinforce a culture within the Group Homes that encourages staff to be vigilant about protecting residents from possible abuse and empowers them to speak up and report concerns. House Supervisors and Operations Managers should also receive training in responding appropriately to reports of suspected or actual abuse and to ensure they understand their roles within the incident reporting process.
- The Induction program should include information about people with disability and sexuality, sexual abuse including vulnerability factors, grooming behaviours, indicators of sexual abuse, barriers to disclosing, and responding to a disclosure of sexual abuse to ensure that new staff are aware of these areas before commencing work in a direct support role.

**2 Residents should be supported to express their sexuality and understand their right to be free from sexual abuse.**

- Information about sexuality and rights regarding sexual relationships, privacy and freedom from abuse should be provided to residents in a way that they can understand and tailored to their personal support needs. This should be embedded in support planning approaches.
- This should be reinforced on an ongoing basis by staff working with the residents in natural settings such as when providing support for toileting, bathing or dressing and in social settings.
- Practice needs to recognise and support the development of the natural safeguards that are available through strong family and community connections. DHHS should ensure that mechanisms to assist people to develop effective networks of support are a conscious part of the support planning process and that individuals undertaking the planning role have the pre-requisite knowledge and capabilities.

**7.2 Preventative safeguarding strategies**

**3 Additional guidance should be provided to all DAS staff and Managers to ensure that policies related to safeguarding residents from sexual abuse are understood and implemented in practice.**

- Practice Guides to support staff in understanding key policies relating to safeguarding should be developed and disseminated to improve consistency of practice and remove any areas of confusion.
- Safeguarding policies and Practice Guides should be reviewed as part of the standard House meeting agenda, ensuring that staff have a chance to discuss their application to specific residents and implications for their daily role in supporting residents. Any areas that require clarification and opportunities for practice improvement should be documented and communicated to all staff.
- Vignettes (written or short videos) representing specific scenarios could be developed and distributed via the intranet along with key points for discussion to support discussions of policy and practice at House meetings.

**4 Employment processes should be reviewed to ensure that new employees are suitable for the role of directly supporting people with a disability in a Group Home environment.**

- Recruitment and selection processes should be supported by the development of a "person description" that describes the attitudes, values and personal traits that are desirable in a disability support worker, and ensure that staff who are employed into DAS demonstrate the desired characteristics.
- Residents should be included on selection panels, and their perspectives on potential recruits valued as an adjunct to the Public Sector recruitment and selection procedures.
- New staff who are deemed unsuitable for continued employment should be terminated within the probationary period. Decision making about ongoing employment or termination should be supported by well documented performance feedback from House Supervisors and staff.

## **5 Residents should be actively supported to develop and maintain natural relationships.**

- House Supervisors and staff should actively encourage family and friends of residents to visit the House regularly, and create an environment that welcomes visitors.
- Residents who do not have regular contact with family or who would benefit from additional support should be actively encouraged and assisted to access an Advocacy Service to obtain a personal advocate.

### **7.3 Corrective safeguarding strategies**

## **6 House Supervisors and Operations Managers should receive additional training to strengthen skills in effectively responding to reports of abuse including sexual abuse.**

- Additional training in responding to informal and formal reports of suspected or actual abuse should focus on understanding the policy principles and build skills to support the ability to exercise judgement in following policy, recognise when a situation requires a different response, feel empowered to exercise judgement and to communicate the rationale for any variation to policy requirements when seeking approval from senior DAS management.
- Training should also focus on the importance of providing feedback to inform practice improvements following an incident and building skills in promoting and modelling reflective practice within house teams.

## **7 Division should ensure that there are robust processes for collecting and analysing data about abuse to inform practice improvement.**

- At an organisational level, DHHS should review the data collected on misconduct, abuse and neglect to ensure it provides meaningful information to inform organisational understanding, management and response. This should include:
  - data that provides information and understanding of the contextual factors, causes, precursors and enablers associated with individual cases of misconduct, abuse and neglect
  - data that provides information on the adequacy and outcomes of actions undertaken in the course of an investigation to: support a person to report an allegation, respond to trauma and harm experienced by the victim, responds to the impact on witnesses or others who are aware of the matter (clients, staff and family members), and manage the staff member who is the subject of an investigation
  - communicating the outcomes and findings of investigations into abuse and neglect regularly across the organisation to reinforce awareness of the issue within DHHS, to demonstrate the consequences of misconduct and create a deterrent effect.
- Division should ensure that data about incidents of abuse, including incidents of sexual abuse, is captured, analysed and that information about trends or other factors such as risk indicators are not only reported to senior managers within DAS and at the Divisional level, but are provided back to Operations Managers and House Supervisors.
- The reports about incidents of abuse and the learnings from the data analysis should be considered at House meetings and staff encouraged to reflect on the implications for their own practice and identify opportunities for improvement in order to reduce future incidents.

## 8. Safeguarding and the NDIS

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The NDIS is the most significant social reform in Australia since the introduction of Medicare in 1975. At full Scheme, it is expected that over 460,000 people with disability will be participating in a competitive marketplace for supports and services. The NDIS reforms fundamentally change the nature, focus and funding approach of the current disability support sector. These changes are structural and significant, however, they are necessary to address the shortcomings in the current system and empower people with disability to achieve economic and social independence and full participation – the ultimate objective of the Scheme. The changes will also have a significant impact of the roles of state governments with the National Disability Insurance Agency being established to implement and manage the operation of the scheme.

From a safeguarding perspective, reforms to disability support and service provision, through the introduction of individualised models of support and self-directed funding have the potential to influence the risks and vulnerabilities experienced by some people with a disability. While the intent of the reforms are to advance the rights of people with a disability, there is potential for new or nuanced risks and exposures. Whilst not all vulnerabilities and risks are known, the Commonwealth, together with the state and territories, has established a draft national quality and safeguarding framework to underpin the operation of the NDIS.

The majority of the issues that came forward in this Review are not unique to Division and the groups homes examined. Many of the challenges identified relate specifically to the nature of the support environment and are relevant to the sector as a whole. In the context of the introduction of the NDIS, these are matters that the Department should continue to engage with the Commonwealth and the NDIA to ensure they are known and form part of future scheme planning and are sufficiently addressed in the national framework and scheme design where appropriate.

## Appendix A: Document Review

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A number of documents were reviewed as part of this stage, including:

- recruitment policy
- Safety Screening and Referee checklist
- Induction Learning Program
- Previous Human Service Worker Induction Program
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- Residential Services Practice Manual (includes material on: promoting positive practice, working with children and young people, duty of care in residential services, conditions of employment, rights and responsibilities, learning, development and support, occupational health and safety, workplace safety inspections, vehicle safety, issue resolution for OH&S, community visitors, personal relationships and sexuality, personal privacy and entry to a person's room, reporting concerns, critical and non-critical client events)
- Code of conduct for Victorian Public Sector Employees
- Charter of Human Rights and Responsibilities
- Managing Performance and Conduct in Disability Services Policy
- Positive and fair workplaces: working well together package.
- Positive and fair workplaces: working well together guidance tool.
- Critical client incident management instruction. Technical update 2014
- Responding to allegations of physical or sexual assault. Technical update 2014
- Senior Practitioner Physical Restraint Direction Paper May 2011
- Making a complaint (guidance)
- Department of Human Services Complaint Form
- Manual. Disability Accommodation Service
- Disability Residential Services: Residential Statement
- Shared Supported Accommodation Information Package. January 2015
- Community Visitors Protocol
- Client Incident Report – How to Complete Guidance
- Client Incident Report Form
- Critical client incident management instruction. Technical update 2014
- Responding to allegations of physical or sexual assault. Technical update 2014
- Writing Effective Department of Human Service Client Incident Reports. November 2011
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- Department of Human Services internal critical client incident management guide. April 2014
- Disability Services Practice Advice. Critical Client Incident Management Instruction 2011
- Incident type categorisation table 2011

## Appendix B: Overview of the literature on abuse and adults with disability

### *Risk of abuse and neglect*

The literature consistently identifies people with a disability as being at a greater risk of experiencing abuse and neglect. However, there is no agreement on overall prevalence, and the various estimates of the rates of abuse and neglect experienced by people with a disability are contested. The common view is that people with a disability are at greater risk of experiencing abuse and neglect, that different cohorts have varying exposures and vulnerabilities but the issue is confounded by under-reporting.<sup>89,10</sup> Women who have a disability are consistently reported to be at higher risk of sexual assault and abuse.<sup>11</sup> Children with a disability are also considered to be at higher risk than their peers.<sup>12</sup>

The difficulty in obtaining a clear line of sight on the actual prevalence of abuse and neglect data has been attributed to differences in research methodologies and terminology, ethical issues with collecting information, a lack of systemic data collection, and the under-reporting of abuse and neglect generally.<sup>13,14,15</sup>

### *Risk of sexual abuse*

Adults with physical, intellectual or psychiatric disabilities face particular risks of sexual assault and exploitation. Research consistently finds that rates of sexual assault of people with a disability are much higher than the general population.

This situation is not new. A frequently cited Australian study conducted in 1989 that surveyed a sample of 158 adults with an intellectual disability in South Australia using questions adapted from the 1983 ABS Victims of Crime Survey found that adults with an intellectual disability were more than twice as likely to be victims of personal crimes as the general adult population, and 10.7 times more likely to be victims of sexual assault in particular (Wilson & Brewer, 1992). Furthermore, the likelihood of sexual assault differed according to an individual's living arrangements, with people with an intellectual disability living in shared residential care or institutional settings being most vulnerable to abuse<sup>16</sup>.

The prevalence of sexual assault among people with a disability is highest among women, however men with intellectual disability are also at risk, with evidence demonstrating increased risk of sexual abuse among adults with the greatest care or support needs.

Despite years of evidence of the occurrence of sexual abuse among people with a disability and efforts by policy makers and service providers to reduce the likelihood of abuse occurring, particularly among those with the greater reliance on others for support, there continue to be incidents of sexual abuse (and other forms of abuse and neglect) within service delivery settings and within the community.

<sup>8</sup> French, P., Dardel, J., Price-Kelly, S. (2010) *Rights denied: towards a national policy agency about abuse, neglect & exploitation of persons with cognitive impairment*, People with Disability Australia, accessed November 2012 at <http://www.pwd.org.au/documents/pubs/RightsDenied2010.pdf>

<sup>9</sup> Sin, C.H., Hedges, A., Cook, C., Mguni, N., Comber, N. (2009) *Disabled people's experiences of targeted violence and hostility*, Equality and Human Rights Commission, Manchester, accessed November 2012 at <http://www.equalityhumanrights.com/tey/projects/conditions/safety-and-security-for-disabled-people/summary-of-the-research-findings/>

<sup>10</sup> Barr, L.C. (2012) *Learning from complaints – occasional paper 1*, Disability Services Commissioner, Victoria

<sup>11</sup> Salthouse, S., Frohmader, C. (2004) *'Double the odds' – domestic violence and women with disabilities*, accessed November 2012 at <http://www.vwda.org.au/odds.htm>

<sup>12</sup> Disability Services Commissioner Occasional Paper No. 1 *Safeguarding people's right to be free from abuse*.

<sup>13</sup> Barr, L.C. (2012) *Learning from complaints – occasional paper 1*, Disability Services Commissioner, Victoria.

<sup>14</sup> French, P., Dardel, J., Price-Kelly, S. (2010) *Rights denied: towards a national policy agency about abuse, neglect & exploitation of persons with cognitive impairment*, People with Disability Australia, accessed November 2012 at <http://www.pwd.org.au/documents/pubs/RightsDenied2010.pdf>

<sup>15</sup> The Nucleus Group (2002) *Abuse prevention strategies in specialist disability services*, Commonwealth Department of Family and Community Services (now the Department of Families, Housing, Community Services and Indigenous Affairs), Canberra.

<sup>16</sup> Wilson, C., & N. Brewer. (1992) *The incidence of criminal victimisation of individuals with an intellectual disability*, Australian Psychologist, 27(2), 114-17. Cited in Murray, S. and Powell, A. (2008) Murray, S. and Powell, A. (2008) *Sexual assault and adults with a disability: Enabling recognition, disclosure and a just response*, Australian Government Institute of Family Studies, accessed 4 May 2015 at [http://www.aifs.gov.au/acssa/pubs/issue/acssa\\_issues9.pdf](http://www.aifs.gov.au/acssa/pubs/issue/acssa_issues9.pdf)

### *Vulnerability factors*

Throughout the literature, a range of factors that contribute to the vulnerability of people with intellectual disability to sexual abuse have been identified. A recent study<sup>17</sup> described a number of key factors as including:

- Lack of sexual knowledge
- Lack of or limited relationship experience
- Lack of or limited protection skills
- Disempowerment, whereby people with intellectual disability lack assertiveness toward those perceived as more able or more powerful, and/or are fearful of negative consequences if they refused a request
- Social isolation, particularly where the ability to build and maintain natural friendships is limited by the individual's circumstances
- Communication impairment
- Lack of knowledge of rights, including the right to give and withdraw or withhold consent.

For individuals with a disability living in supported accommodation, these vulnerability factors are amplified by the environment. A level of dependence on others for personal assistance, care and support, communication and/or decision making can heighten individual levels of risk and exposure to abuse and neglect.

### *Care and support dynamic and vulnerability*

Vulnerability can arise when a person requires care and support in daily life, for example in relying upon a family member, carer or paid support worker to provide physical assistance with daily tasks - personal care, eating, drinking, toileting, showering, mobility, maintaining a home, shopping, transport and participating in the community or economy. A level of dependency can create a power dynamic between the carer and the person receiving care and support.

The great majority of people in care and support roles understand their responsibility to act with integrity in this regard, and to respect the rights of the person to whom they provide care and support. Where abuse and neglect does occur, it represents a transgression of a person's basic human rights and an exploitation of vulnerability.

However, the care and support role can be very challenging, and there are stressors acting on individuals in the role. These stressors apply to family members, carers and paid support workers and can influence a person's conduct. They include isolation, a lack of support, stress and frustration, and economic hardship, combined with personal values and attitudes towards people with a disability.<sup>15</sup>

There are distinct factors influencing the incidence of abuse (including sexual abuse) and neglect in the context of the paid disability support work. These include:

- Attitudes, values and beliefs of employees towards people with a disability
- An inability to recruit and retain 'quality' employees with an aptitude for undertaking a care and support role
- Low standards of service
- Inadequate resources to provide adequate care and support within the workplace
- Understaffing and/or high use of agency employees
- Geographic, social and regulatory isolation of the service
- Normalisation of cultures that tolerate abuse and neglect
- Under reporting of incidents

<sup>17</sup> Eastman, G., Scheermeyer, E., van Driel, M.L. and Lennox, N. (2012) Intellectual disability sexuality and sexual abuse prevention: A study of family members and support workers. *Australian Family Physician*, Vol 41, No 3 P135-139. Accessed 4 May 2015 at <http://www.racgp.org.au/afp/2012/march/intellectual-disability-sexuality-and-sexual-abuse-prevention>

<sup>15</sup> Barr, L.C. (2012) *Learning from complaints – occasional paper 1*, Disability Services Commissioner, Victoria.