



CHCCCS033

Identify and
report abuse



CHCCCS033

Identify and report abuse

Release 1

Learner Guide

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CHCCCS033 Identify and report abuse, Release 1

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Contents

Before you begin	v
Topic 1: Identify signs of abuse, neglect and exploitation	1
1A Communicate with the person to check their wellbeing	2
1B Recognise indicators of abuse	13
1C Recognise environmental signs of abuse	32
1D Document concerns and report to supervisor	41
Summary	49
Learning Checkpoint 1	50
Topic 2: Support people experiencing abuse, neglect and exploitation	59
2A Respond to the signs and symptoms of abuse	60
2B Determine a safe course of action and confirm the person's agreement	73
2C Recognise when to engage additional support and assistance	87
Summary	94
Learning Checkpoint 2	95
Topic 3: Complete documentation and reporting	101
3A Complete documentation according to legal requirements	102
3B Maintain and store documentation	111
3C Reflect on actions in accordance with policies and procedures	115
3D Provide input to continuous improvement	120
Summary	127
Learning Checkpoint 3	128
Topic 4: Manage the impacts of supporting people experiencing abuse, neglect and exploitation	133
4A Use self-reflection and debriefing to identify impacts to you	134
4B How to process physical, mental and emotional responses	148
4C When to seek external support	156
4D Identify strategies to protect your future wellbeing	161
Summary	169
Learning Checkpoint 4	170
Glossary	177



Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



Before you begin

This Learner Guide is based on the unit of competency *CHCCCS033 Identify and report abuse*, Release 1.

Your trainer or training organisation must give you information about this unit of competency as part of your training program.

How to work through this Learner Guide

This Learner Guide contains a number of features that will assist you in your learning. Your trainer will advise which parts of the Learner Guide you need to read, and which Practice Tasks and Learning Checkpoints you need to complete.

Feature of the Learner Guide	How you can use each feature	
Learning content	Read each topic in this Learner Guide. If you come across content that is confusing, make a note and discuss it with your trainer. Your trainer is in the best position to offer assistance. It is very important that you take on some of the responsibility for the learning you will undertake.	
Examples	These highlight learning points and provide realistic examples of workplace situations.	
Practice Tasks	Practice Tasks give you the opportunity to put your skills and knowledge into action. Your trainer will tell you which Practice Tasks to complete.	
Callouts	Callouts reiterate key learning points to help students revise for their assessments.	
Weblinks	Weblinks provide learners with additional content to contextualise their learning and develop their understanding.	
Videos	Videos provide a visual reference of key concepts to aid comprehension and guide learner exploration. Each video is accessed by a QR code in the Learner Guide (or a button in the eBook version) for ease of access.	 
Glossary/margin definitions	Key terms are defined where they first appear to help consolidate understanding. A glossary of terms is provided at the end of the Learner Guide to assist learner revision of key concepts.	
Summaries	Key learning points are provided at the end of each topic.	
Learning Checkpoints	There are Learning Checkpoints at the end of each topic. Your trainer will tell you which activities to complete. These activities give you an opportunity to check your progress and apply the skills and knowledge you have learnt.	
Case studies	Case studies are interspersed throughout the learning content to provide a workplace setting that contextualises key concepts.	



Foundation skills

As you complete learning using this guide, you will be developing the foundation skills relevant for this unit. Foundation skills are the language, literacy and numeracy (LLN) skills and the employability skills required for participation in modern workplaces and contemporary life.

These skills are listed below:

Foundation skill area	Foundation skill description
Reading	<ul style="list-style-type: none"> • Understanding how documents are presented and being able to navigate through documents • Understanding industry- and job-specific terminology • Interpreting key information in relevant documents • Understanding routine workplace checklists and documentation
Writing	<ul style="list-style-type: none"> • Planning, drafting and writing reports and documents • Communicating through written letters, email and online • Recording progress; reporting incidents
Oral communication	<ul style="list-style-type: none"> • Clarifying instructions • Providing information • Supporting others through encouragement, negotiation and conflict resolution • Using body language to model desired behaviour and responding to others' body language
Numeracy	<ul style="list-style-type: none"> • Calculating costs, weights, measurements of height and distance • Interpreting measurements
Learning	<ul style="list-style-type: none"> • Understanding your job role, organisational procedures and legal responsibilities • Managing your work and seeing how well you are going • Making goals for yourself at work • Seeking professional development opportunities for continuous improvement
Problem-solving	<ul style="list-style-type: none"> • Identifying problems • Working out how to fix a problem using problem-solving processes • Reviewing the outcome
Initiative and Enterprise	<ul style="list-style-type: none"> • Recognising opportunities to develop and apply new ideas • Generating ideas by thinking of new ways to do something • Making suggestions to improve work
Teamwork	<ul style="list-style-type: none"> • Working well with other people by cooperating, collaborating, encouraging and building rapport



Foundation skill area	Foundation skill description
Planning and organising	<ul style="list-style-type: none"> • Planning your workload and commitments • Implementing tasks • Completing work on time • Knowing how to deal with hazards and risks
Self-management	<ul style="list-style-type: none"> • Understanding and applying decision-making processes • Reviewing your behaviour and the impact of your decisions
Technology	<ul style="list-style-type: none"> • Efficiently using digitally based technologies and systems correctly and safely • Accessing, organising and presenting information • Using equipment correctly and safely

Note: Not every unit of competency will contain all foundation skills.

What do you already know?

Use the following table to identify what you may already know. This may assist you to work out what to focus on in your learning.

Topic	Key outcome	Rate your confidence in each section
Topic 1 Identify signs of abuse, neglect and exploitation	1A Communicate with the person to check their wellbeing	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Recognise indicators of abuse	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Recognise environmental signs of abuse	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Document concerns and report to supervisor	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 2 Support people experiencing abuse, neglect and exploitation	2A Respond to the signs and symptoms of abuse	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Determine a safe course of action and confirm the person's agreement	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Recognise when to engage additional support and assistance	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 3 Complete documentation and reporting	3A Complete documentation according to legal requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Maintain and store documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Reflect on actions in accordance with policies and procedures	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3D Provide input to continuous improvement	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Manage the impacts of supporting people experiencing abuse, neglect and exploitation	4A Use self-reflection and debriefing to identify impacts to you	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B How to process physical, mental and emotional responses	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4C When to seek external support	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4D Identify strategies to protect your future wellbeing	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Identify signs of abuse, neglect and exploitation

- 1A Communicate with the person to check their wellbeing
- 1B Recognise indicators of abuse
- 1C Recognise environmental signs of abuse
- 1D Document concerns and report to supervisor



1A

Communicate with the person to check their wellbeing

Understanding the person's baseline provides a point of reference from which any changes in behaviour and appearance can be monitored and evaluated.

Individualised plans include information about the goals, needs and preferences of the person and how you can provide the best possible support. When the plan is developed it captures information about the person at a certain point in time.

The individualised plan is developed in collaboration with the client by community services managers or team leaders, case managers or assessors. Often, the family and significant others are also involved in the process. The plan is then used as a guide to help the team provide support in line with the person's needs and preferences.

Individualised plans are not a fixed document. Rather, they are reviewed regularly as the needs and preferences of the person change and the information is constantly updated to reflect these changes, ensuring the plan stays current and valid.

Understand the person's baseline by reading the individualised plan

The legal requirements of your role include understanding what is written in the person's plan before you provide them with support. This will be written in the standards that your organisation must follow and is part of the scope of your role.

Baseline

A fixed point of reference used for information and comparison purposes.

A **baseline** is information that has been taken at a defined point in time, often at the beginning of when support is provided and an individualised plan is created. This information can be used to compare against, should the person's information or support needs change.

Baseline information about the person may include:

- details of family, significant others and support networks and their level of allowed involvement in the person's support
- conditions that they may need support with, such as mental illness or other illnesses
- method of communication
- capacity to make informed decisions or give informed consent
- past history including history of abuse and the outcome of any investigations
- likes and dislikes relating to their care
- expected behaviours, emotions and appearance.

Having sound knowledge of the person's baseline will enable you to quickly recognise and identify changes in their behaviours, emotions and appearance. These changes could indicate more serious issues, or concerns that need further investigation and to be reported to others.

Example

Baseline of a person

Sam is a 24-year-old person who has been living for the past six months in a supported accommodation house with three other people who have similar disabilities to him. When Sam moved in an individualised support plan was developed with baseline information recorded. This baseline information about Sam includes that he:

- has cerebral palsy and uses a wheelchair for his mobility
- is nonverbal and communicates using an app on a tablet
- is always happy to see the support worker in the morning and will greet them with a smile
- has a very good appetite and will enjoy eating socially in the kitchen with his housemates
- was the victim of physical abuse from his father as a child and may sometimes get upset when unknown males enter the house
- will show he is upset by banging his hand on his head and making loud noises
- prefers a female for all personal care
- can make decisions about his everyday life but needs support to make informed decisions
- has a mother and sister who are very involved in his care and are his substitute decision makers when required
- has no contact with his father, who is not to be involved in his care or be allowed to enter the house under any circumstances.

Candy works in the house where Sam lives. She has read Sam's individualised plan and is aware of his baseline. From spending time with Sam and getting to know him, she has a good understanding of how to support him. Candy understands that if Sam's behaviours, emotions or appearance should change from this baseline then she should follow her workplace policies and procedures to support him and report as necessary.



Role responsibilities and scope of practice

All community support workers must have clearly defined work roles.

Understanding the requirements of your job role, what your duties are and how you are expected to perform them, is essential to delivering quality support and care within your **scope of practice**. When working with people who are at risk for abuse there are many different factors involved in providing their care. It is always important to ask questions and be clear about what your job role and your expectations are in identifying potential risk of abuse. Doing this will help you to do your work to an acceptable standard and can also help you to work safely and within the law.

Scope of practice

Procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Scope of your own practice

Understanding the scope of your practice and your limitations is very important. This is because there are limits to your role when providing support to someone who has been identified as being either at risk or suspected of having been abused. When it comes to managing the situation, you may not have sufficient skills and knowledge, or the specific training, to provide all the support a person requires. It is important for your wellbeing, and that of the people you are supporting, that you work within your role.

The scope of your practice includes the tasks that you are permitted to perform within your training, job role and service policies. If a task is included in your job description but you do not have the training or experience to complete it, then it is your responsibility to speak up when you feel you may need further instruction or should escalate the issue to another person.

Communicate with the person to ascertain their wellbeing

Effective communication is essential to form and maintain good working relationships in your role.

When working with and responding to people you need to use both verbal and non-verbal communication skills. Good empathetic communication skills will enable you to exchange information and build relationships with the person. A good relationship will help you to **ascertain** your client's wellbeing and state of mind.

To avoid causing a breakdown in the relationship, it is important to be aware of culturally appropriate boundaries and differences in the ways people communicate.

Ascertain

To find something out for certain, to make sure of.



Verbal communication is where you use the human voice as a single line of communication. **Non-verbal communication**, however, uses multiple channels of communication including facial expressions, gestures, body language and tone of voice. These two types of communication work together to ensure effective understanding between two people.

Verbal communication
Speaking words to share information with others.

Non-verbal communication
The transfer of information or messages through the use of body language and signals.

The person's wellbeing

Every aspect of a person's life can influence their **wellbeing**. Wellbeing is a complex combination of a person's physical, mental, emotional and social health factors. Wellbeing is affected by the person's perceptions, emotions and behaviours and is strongly linked to happiness and life satisfaction.

Factors that can influence a person's wellbeing may include having:

- a network of close friends
- healthy self-esteem
- coping skills for everyday life
- a positive outlook on life
- a sense of belonging
- a sense of purpose and meaning
- a feeling of being safe and loved
- the ability to maintain a healthy body.

Wellbeing
A sense of happiness, peace or contentment when we find satisfaction and purpose in meaningful activities and connections with others.

The factors that influence a person's wellbeing are generally connected or linked to another factor. For example, going to work not only provides you with the money required for food and shelter but it can also give you a purpose, workmates, the ability to achieve career goals and a sense of belonging.

Example

Relationships between factors that can influence a person's wellbeing

Muhammed is a 14-year-old boy with autism spectrum disorder. The following table shows the links, or interrelationship, between Muhammed's life and factors that affect his wellbeing.

Factors that influence wellbeing	Links to the factors
Sense of belonging/ network of close friends	Muhammed attends school five days a week. He has a large group of friends there and is included in all activities.



Factors that influence wellbeing	Links to the factors
Coping skills in everyday life	Over the years Muhammed has had many interventions such as being taught social skills and coping mechanisms to use when triggered. When faced with an issue or concern he uses these skills to help him cope.
Feeling safe and loved	Muhammed has a large family that includes his parents, several siblings, cousins and grandparents. They all love Muhammed and support him to feel happy and content.
Sense of purpose and meaning	Muhammed has a service dog that he is expected to care for. He must feed it and walk it twice a day. It sleeps next to his bed at night which provides him with comfort.

Video: The Australian Unity Wellbeing Index

Watch this video to gain understanding about what is important to the wellbeing of the Australian people: aspirelr.link/yt-auwi

What is important for your own wellbeing? What factors are you aware of that can impact it?



Wellbeing and mental health

Mental health includes our emotional, psychological and social wellbeing. It affects how we think, act and feel and has equal importance as physical health in a person's overall health.

The person's state of mental wellbeing enables them to cope with the stresses of life, realise their abilities, and learn and work well while contributing to their community.

Good mental health is linked to:

- improved learning
- creativity
- higher levels of productivity
- better social relationships
- good physical health
- increased life expectancy.

All the above factors are also directly linked to a person's wellbeing.

A person's mental health may change at certain times throughout their life and this can impact their social and emotional wellbeing.



Having an understanding of appropriate language and words to use when determining a person's mental health can help you with communication and to recognise the person's current state of wellbeing.

Beyond Blue has created a mental health continuum to help a person communicate about their wellbeing and describe how they are feeling:

aspirelr.link/beyond-blue-mental-health-continuum

Communicating verbally and building rapport

Building rapport with the person, through strong two-way communication, will form the basis of a meaningful, trusting and closer working relationship. This connection will allow both you and the person to understand you can trust each other and can communicate anything that is needed or is of importance.

Communication is the process by which information can be transferred between one person and another. With verbal communication this is done through spoken words. To build this line of trust you must carefully consider what you are going to say, and the words you are going to use, before you start to speak.

Always talk to a person in a calm, clear manner to help them understand and respond to what you are saying.

When verbally communicating with a person:

- use empathetic listening skills
- apply appropriate communication techniques
- provide information clearly and sensitively
- obtain feedback to confirm their understanding and yours are the same.

Effective verbal communication techniques

Effective verbal communication techniques will help you gain insight into the person's wellbeing and build effective relationships. Good communication is built through practicing and implementation.

The following table describes some practical verbal communication techniques you could use to understand the person's wellbeing.

Effective speaking	The words you choose, how you say them and how you reinforce them with non-verbal communication signals.
Active listening	Making a conscious effort to hear not just the words the person says but the whole message they are trying to communicate.
Being empathetic	Being attentive and responsive to other people's input during the conversation.



Centring the conversation	Truly listening to the person’s experience and not making the conversation about yourself in an attempt to show understanding.
Obtaining feedback to confirm understanding	Gaining feedback to be sure both parties have the same understanding of all the conveyed information.
Effective questioning	Obtaining the information required to identify the person’s needs and provide the appropriate quality of care.

Active listening in communication

Active listening

Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Active listening helps you to develop good relationships by listening beyond the words that are being spoken to truly understand the message that is being communicated. Rather than thinking about how you are going to respond to what the person is saying during a conversation, simply listen to the story being told and make note of things they are saying with their non-verbal communication (such as body language).

Be present	<ul style="list-style-type: none"> • Listen closely and give your undivided attention • Try not to be thinking about your next question • Look the person directly in the eye • Interpret their body language
Be comfortable with pauses in the conversation	We instinctively want to fill gaps in conversations. Having a pause before you reply can assure you are: <ul style="list-style-type: none"> • not interrupting • considering what the person is saying • allowing time to fully understand what they have said before you reply.
Avoid distractions	Move to a quiet area where there is no background noise and shut doors if needed. Turn off phones and if other people interrupt ask them to come back later.
Use paraphrasing	Repeat back, using your own words and focusing on their feelings, what the person is telling you. This can confirm you correctly understand what their message is.
Check for understanding	It is important to check that the person understands what you are telling them. To do this you may need to pause from time to time and ask, “Does that make sense?” or, “Do you have any questions?”.
Ask open-ended questions	Asking open-ended questions (questions where there cannot be a yes or no answer) allows further opportunity for the person to share more information. It will increase your understanding and leave the person in control of the conversation.
Do not make judgements	Practice empathy and avoid having negative thoughts.



As with learning any new skill, learning how to actively listen will take some time and practice. With practice it will become a very effective tool for you to rely on when you need to determine a person's wellbeing.

Non-verbal communication techniques

Non-verbal communication refers to facial expressions, gestures, body language and your tone of voice. It is important to use non-verbal communication that matches what you are saying out loud. This helps ensure that the person is not confused by your message. For example, if you are listening to a person do not yawn or stare out the window as this sends a powerful message that you are not interested in them or what they are saying.

Unintentional facial expressions can conflict with the verbal message you are communicating. For example, if you cross your arms you may be unintentionally communicating that you feel defensive. If you do this while handling a difficult situation, your body language could make the situation worse. Your tone of voice, choice of words, facial expressions and gestures are all significant and should be used deliberately and with care when communicating.

The following table outlines some non-verbal communication techniques to consider.

Facial expressions	Your facial expressions should match your words.
Eye contact	Eyes are very important for non-verbal communication. In most cases try to maintain eye contact but do not stare. However, be aware that in some cultures, such as for some First Nations peoples, direct eye contact may be considered threatening.
Gestures	Gestures are movements of the body, especially the hands and arms, including animated hand movements. Some cultures naturally use many gestures while communicating, while others are more constrained.
Personal space	Be careful to maintain an appropriate amount of space. Some people like to stand or sit very close to others, but others prefer a greater distance.
Touch	Touch is often used to express comfort. Something as simple as holding someone's hand or giving a gentle touch on the arm can show care and empathy. Always be aware, however, that some people do not like being touched. You need to always be mindful of whether it is appropriate to touch someone, or not.

Example

Communicating to understand a person's wellbeing

Grace works at the local council's social support program for people over 45 with an acquired disability. Grace meets Leo for the first time. She has read Leo's individualised plan and noticed that his baseline states that he is mostly a happy person who enjoys joking around with others and loves his wife.

Leo approaches Grace and asks if he can talk to her. When he starts talking she can see that he would like to open up and tell her more. It is noisy and loud in the main common area, so she suggests moving outside to the garden where it is much quieter.

Leo talks openly about how he lives with his wife and sometimes feels she is not listening to him. Due to his limited mobility he can no longer shop or cook for himself. He has good times with his wife but at other times she appears upset with him and he is not sure what he can do. His face fluctuates from having a smile one moment, to sadness the next.

Grace sits opposite to him, at the same level, where she can maintain eye contact and just listens, allowing time for him to pause and have moments of silence. Occasionally she repeats back exactly what Leo has said to confirm she is listening and understanding. When Leo stops talking Grace asks him some open-ended questions that prompt him to talk more. When another staff member approaches them, Grace asks them to come back in 20 minutes.

It is time for lunch and Leo and Grace are surprised to find they have been talking for half an hour.

Leo thanks Grace, telling her this is the first time he feels that someone has truly listened to him, and he feels like his story has been heard.



Practice Task 1

Question 1

Which of the following statements are correct? Select yes or no for each one.

a. When an individualised plan is developed it will capture information about the person at a certain point in time.	Yes / No
b. The plan is a fixed document that should not be changed under any circumstances.	Yes / No
c. The client is not allowed to have any input into their individualised plan.	Yes / No
d. The client's family and significant others are often involved in the development of the plan.	Yes / No

Question 2

Which of the following may be recorded as a baseline in an individualised plan? Tick all that apply.

- Methods of communication
- Capacity to give informed consent
- Past history of abuse
- Capacity of workers to make decisions
- Expected behaviours and emotions

Question 3

Which of the following statements about roles, responsibilities and scope of practice are correct? Select yes or no for each one.

a. Your scope of practice is the limit of your knowledge, skills and experience.	Yes / No
b. You may not have sufficient skills to provide all the support required by a person who has been abused.	Yes / No
c. Anything that is included in your job description is included in your scope of practice.	Yes / No
d. There is no limit to the scope of your practice.	Yes / No



Question 4

Name three factors that may affect a person's wellbeing.

Question 5

Which of the following are effective ways to communicate with someone to ascertain their wellbeing? Tick all that apply.

- Maintain eye contact.
- Maintain an appropriate amount of space.
- Ask closed questions.
- Provide information clearly.
- Make judgements.

1B

Recognise indicators of abuse

The ability to recognise the indicators of abuse and report to the appropriate person is a legislated requirement of your role.

Abuse can include physical, sexual, emotional, psychological, financial or systemic abuse of a person. It can be perpetrated by a family member, a stranger, a friend, another client, a volunteer or a worker. Abuse may not always be obvious and can also come in the form of coercion, grooming, and undue influence. Abuse will almost always cause the person experiencing it harm or distress.

Abuse
Any intentional action that harms or injures another person.

Neglect is a form of abuse that happens when someone providing care for a person does not give them the necessities they require to be healthy, comfortable and safe. The highest proportion of people who are neglected are people who require care and support.

Neglect
Failing to properly care for a person.

Neglect can be:	Examples include:
Carer	<ul style="list-style-type: none">Absence or inattention from a carerLeaving the person in an unsafe placeNot providing suitable clothing
Abandonment	<ul style="list-style-type: none">Being left for long periods without necessary items such as food or waterNot providing appropriate meals as the carer is absent or too busy
Medical	<ul style="list-style-type: none">Stopping or withholding access to medical treatmentNot taking the person for treatment when neededOveruse or underuse of medication
Emotional	<ul style="list-style-type: none">Lack of emotional supportEmotional needs being disregarded, ignored or invalidated
Institutional	<ul style="list-style-type: none">Any neglect that happens in a facility responsible for providing care or supportInadequate staffing levelLack of flexibility and choice for people using the service

For more information about neglect, visit: aspirelr.link/1800-respect-neglect

Exploitation means to take unfair advantage of a person. Usually this is done when one person is vulnerable and another person takes advantage of them for their own benefit. Exploitation can occur by making someone do something they do not want to do through the use of threats, manipulation or force.

Exploitation
The act of taking advantage of another person.



The most common type of exploitation is financial, where someone takes money or assets from a vulnerable person for their own use. This includes:

- illegally withdrawing money from their account
- forging signatures on bank accounts
- taking money from the person’s wallet or house.

All forms of abuse, neglect and exploitation are illegal in Australia and there are strict laws and guidelines surrounding the reporting of abuse to appropriate authorities within specific timelines.

Risk of abuse, neglect and exploitation

There is no single reason why one person should become a victim of abuse, neglect and exploitation and not another. However, we do know that there are certain risk factors that make a person more vulnerable to being abused.

All persons who access services or care in the community services sector are considered vulnerable, as they rely on support from someone other than themselves. They may need other people to enter their home to assist with tasks such as having a shower, preparing their evening meal and helping with their finances. This reliance on others automatically makes them more vulnerable and at a higher risk for abuse.

It has been estimated that around 60-70% of vulnerable people who suffer abuse are harmed by a family member. Some of the more common risk factors for a person being abused is that their abuser is:

- financially dependent on the vulnerable person’s resources; for example, their income or housing
- known to have problems related to alcohol and drugs.

Other factors putting people at increased risk of abuse:
Having an intellectual or physical disability
Living alone or being isolated from the community
Having financial dependency on others
Having a mental illness
Misusing alcohol or drugs
Being a young or older person; that is, under 18 or over 65
Living in supported or residential accommodation
Having a cognitive impairment, such as dementia



It is important to note that this list is not exhaustive and there are other factors that may increase a person's risk of abuse. Additionally, while these factors put a person in a higher risk category, it does not mean that they will inevitably be abused. Knowing that the people that you support may be at increased risk is part of your duty of care, as you will be aware of the indicators and signs to watch out for.

Process for identifying abuse

As a worker in community services, it is essential that you recognise signs of abuse, neglect and exploitation. You may be the only person in a position to identify and respond to suspected abuse.

If the indicators and signs lead you to form a **reasonable belief** that a person is being abused, neglected or exploited then you must follow your organisation's policies and procedures and report to the appropriate person.

Even if you are unsure that what you have witnessed, seen or heard is actually abuse you must still report and document according to your policies and procedures.

Reasonable belief

A belief based on facts that would lead a reasonable person to come to the same conclusion.

Types and indicators of abuse, neglect and exploitation

Indicators of abuse are the main signs and symptoms that may suggest that some form of abuse, neglect or exploitation has occurred.

For the person who is being or has been abused it can be extremely difficult for them to report what is happening to them. Most victims say the reasons they do not report are that they:

- will not be believed
- will be victim blamed
- feel ashamed, and might even be blaming themselves for the abuse.

It is also possible that the person is not capable of reporting. They might not be able to verbally communicate, they might be isolated due to their abuse or have a cognitive condition that stops them from being able to understand what is happening to them.

This is why understanding the person's baseline behaviour and appearance is so important. If you understand what is *normal* for that person, you can then recognise what is *not normal*. This enables you to recognise indicators of abuse, neglect or exploitation.

Indicators of abuse

Physical and behavioural signs that might indicate a person is being subjected to abuse or neglect.

Changes in behaviour and appearance

Often people who are experiencing abuse, neglect and exploitation, and who are unable to verbalise their experiences, will do so through their behaviours. A person



that is usually happy and content may start to become withdrawn or agitated.

Likewise, a person's appearance may change. Appearance is not just the clothes that someone is wearing or the makeup they have on but encompasses the whole of the person, including their style, presentation and condition.

Example

Behaviour and appearance

Ayesha is a young girl who is non-verbal and uses a wheelchair for mobility. Though she is unable to communicate verbally she can make certain noises that her caregivers know are a sign of her being happy and that she agrees. She has a digital tablet that she uses to press words such as happy, yes or no. She sits upright in her wheelchair and always has a bow in her hair.

Indicators of abuse

The table below lists types of abuse, neglect and exploitation and the indicators you may see, including changes in behaviours and appearance. This is not a complete list and it is important to note that these are indicators only. Not every person who has one of these indicators is being abused, and not every person who is being abused or neglected will have one of these signs.

Abuse, neglect or exploitation	Description	Indicators
Emotional	Ongoing intimidating behaviour that is designed to isolate, intimidate or disempower a person.	<p>Behaviour</p> <ul style="list-style-type: none"> • Self-harm or self-abusive behaviour • Anxiety attacks • Very low self-esteem • Fear of a particular person <p>Appearance</p> <ul style="list-style-type: none"> • Sudden loss in weight • Dressing in a different way



Abuse, neglect or exploitation	Description	Indicators
Psychological	Involves the regular and deliberate use of a range of words and/or non-physical actions intended to manipulate, hurt, weaken or frighten the person.	<p>Behaviour</p> <ul style="list-style-type: none"> • Sudden change in personality • Agitation • Excessive fear or nervousness • Sucking, biting or rocking • Depression and withdrawal <p>Appearance</p> <ul style="list-style-type: none"> • Guarded • Becoming physically unwell • Marks on body from self-harm
Financial	Misuse of a person's assets, property, possessions or finances without their consent.	<ul style="list-style-type: none"> • Receipts indicating unusual or inappropriate spending • No access to personal funds or bank accounts • Insufficient money to meet normal expenses • Ongoing issues with unpaid bills <p>Appearance</p> <ul style="list-style-type: none"> • Dishevelled appearance <ul style="list-style-type: none"> - Wearing old clothes that do not fit - Hair unkempt - Wearing clothes that are inappropriate for the weather
Physical	Intentional bodily harm. Using force against a person or making threats of physical abuse.	<p>Appearance</p> <ul style="list-style-type: none"> • Unexplained bruises, cuts, scabs, abrasions, welts • Rope burns on wrists/arms, legs, neck, torso • Black eyes <p>Behaviour</p> <ul style="list-style-type: none"> • Unusual passivity, withdrawal • Depression • Anxiety including panic attacks • Fearfulness • Misuse of alcohol or other drugs



Abuse, neglect or exploitation	Description	Indicators
<p>Sexual</p>	<p>Sexual assault or abuse is any kind of sexual activity a person is forced, coerced or tricked into doing. It refers to a wide range of unwanted sexual behaviours, including:</p> <ul style="list-style-type: none"> • forced, unwanted sex, sexual acts or touching • child sexual abuse: using power over a child or adolescent to involve them in sexual activity • indecent assault: touching, or threatening to touch, someone else’s body sexually without their consent. 	<p>Behavioural</p> <ul style="list-style-type: none"> • Saying or hinting that they have been abused • Refusal to attend usual places, such as work, respite care • Inappropriate or unusual sexual behaviour or knowledge <p>Appearance</p> <ul style="list-style-type: none"> • Torn, stained or blood-stained underwear or bed clothes • Bruising or redness to genitals • Sexually transmitted infections. In a child this is always a sign of sexual abuse <p><i>Note: Any sexual behaviour displayed by a staff member to a person they support is considered sexual abuse.</i></p>
<p>Coercion</p>	<p>The practice of persuading someone to do something by using force or threats. Coercion is an act of patterns of assaults, threats, humiliation and intimidation that harms, punishes or frightens the victim.</p> <p>This behaviour is designed to isolate the person by making them dependent on their abuser.</p>	<p>Behavioural</p> <ul style="list-style-type: none"> • Always having excuses about why they cannot leave the house • Being afraid or scared of a particular person • Showing high levels of compliance • Having no control over any finances • High anxiety levels • Having no access to phone or internet <p>Appearance</p> <ul style="list-style-type: none"> • Lack of money • Changes, such as being forced to have unwanted cosmetic surgery • Being unable to wear what they would usually wear to go out; such as not being able to wear makeup or do their hair in a certain style



Abuse, neglect or exploitation	Description	Indicators
<p>Undue influence</p>	<p>This is a legal term that involves a dominant party or person taking advantage of a disadvantaged person for their own benefit.</p> <p>While undue influence itself is not a crime, it can lead to physical or emotional abuse.</p>	<ul style="list-style-type: none"> • Sudden alteration to a person’s will against their wishes • Being pressured by a particular family member or other person to agree to something that they do not want to do
<p>Systemic</p>	<p>Can also be called institutional abuse and refers to the rules, regulations, policies or social practices that harm or discriminate against people who are receiving residential or support services.</p> <p>Examples of systemic abuse can include:</p> <ul style="list-style-type: none"> • policies, practices and procedures that fail to support people’s quality of life • denying people’s right to choose who they live with, the activities they undertake and who provides support to them • recruitment practices that fail to sufficiently examine candidates’ attitudes towards their clients • entrenched stereotypical beliefs and attitudes. 	<ul style="list-style-type: none"> • Lack of rights and choice • All people in residential settings being made to complete certain activities at the same time every day without being given a choice. For example: <ul style="list-style-type: none"> - eating dinner together in the dining room at a certain time - no food being accessible after a certain time - everyone expected to have a shower and be dressed before breakfast. <p>Signs you may see include:</p> <p>Behavioural</p> <ul style="list-style-type: none"> • Depression • Feelings of hopelessness • High levels of compliance • Aggression • Malnutrition • Neglect <p>Appearance</p> <ul style="list-style-type: none"> • Dressed in odd and ill-fitting clothes • Hair not in their usual style • Dishevelled appearance, such as being unshaven



Example

Christina's story of coercion

Christina met her boyfriend when they were both in early adulthood. She was an outgoing and sporty person who loved her friends and spending time with family. When she met her boyfriend, he said he loved her, yet it seemed like he wanted to change everything about her.

It started with him making rude remarks about the way she dressed. He then questioned her spending habits even though they didn't share finances. He stopped her from going to events without him as he wouldn't be there to check up on her. He accused her of cheating if she spoke to other men.

Christina started to feel anxious all the time and started watching what she said or wore.

When Christina raised his behaviour with him, he became physically aggressive and threatened on occasion to kill her. One time he smashed his fist through the wall right next to Christina's head.

Christina knew if she did not leave the relationship then she was going to be severely hurt or even die.

Christina feels fortunate that she has a close family who stood by her and supported her through the process of leaving him.

Video: What is coercive control in domestic violence relationships?

Watch this video to understand more about coercive control:
aspirelr.link/yt-coercive-control

Discussion: Should coercive control be criminalised?



Indicators of abuse in people at increased risk

People who fall into a higher risk category might show different indicators that they are being abused, neglected or exploited. Due to the person's age, illness or condition they may not be able to communicate what is happening to them, which means the signs may not be obvious. Again, it is important to be aware of the person's baseline personality, characteristics and reactions so you recognise when something has changed.

The following table explains some of the general indicators you may see in certain people who are being abused.



<p>Infants (0 –2 years)</p>	<p>Abuse to be aware of in an infant under 2 is <i>shaken baby syndrome</i>. This usually happens when babies are violently shaken intentionally, or have their head hit against a hard surface or object. The baby may:</p> <ul style="list-style-type: none"> • appear glassy eyed, rigid, lethargic and irritable • have decreased appetite, difficulty feeding or have been vomiting. <p>A combination of these symptoms along with unexplained bruising is a strong indicator of abuse.</p>
<p>Children (2 – 16)</p>	<ul style="list-style-type: none"> • Bruises or welts that look like an object or shape • Burns from boiling water • Inconsistent or unlikely explanation of the cause of injury • Aggressive behaviour • Reluctance to go home • Overly compliant, shy, withdrawn, passive, or uncommunicative • Unusually nervous, hyperactive, aggressive, disruptive or destructive to self or others • Regressive behaviour such as bedwetting • Depression, self-harm, drug or alcohol use or attempted suicide • Sudden decline in academic performance
<p>Person with intellectual disability</p>	<ul style="list-style-type: none"> • Withdrawal from others they usually trust • Nightmares or sleep problems • Increases in difficulties related to their condition such as social skills, daily living or motor skills • Physical effects like stomach aches and headaches • Sudden fear of being touched • Cruelty to animals
<p>Person with dementia</p>	<ul style="list-style-type: none"> • The caregiver refuses to let you see the adult without them being present • Unexplained bruising • Bedsores or ulcers appearing on skin • Unusual weight loss • Poor hygiene • Sudden change in alertness or unexpected depression

For more information about identifying child abuse, visit:

aspirelr.link/child-protection-identifying-abuse

For more information about supporting people with intellectual disability who have experienced domestic and family violence, visit: aspirelr.link/pwd-id-dfv

Grooming

Grooming

Common behaviour used by a child sex offender to prepare a child for sexual abuse.

Grooming is when a person engages in predatory conduct to prepare a child or young person for sexual activity at a later time. Many of the signs of grooming can look like a normal adult-child relationship, which is why grooming is frequently hard to recognise.

Grooming is a criminal offence when an adult, of 18 years or older, communicates through words or conduct with a child under the age of 16 years with the intention of involving the child in sexual conduct, either with the groomer or another adult.

Signs that children and teenagers are being groomed include when they:

- talk a lot about a particular adult or older child, want to spend a lot of time with them or meet them alone
- say they are in a relationship with a much older person
- skip school or sporting activities
- spend less time with friends or suddenly change friendship groups
- spend more time alone in their room
- have unexplained gifts like new toys, clothes, jewellery or electronics and don't want to talk about where they got the gifts
- don't want to talk about what they have been doing, or lie about it
- stop telling you about their day or asking for your advice.

The adult that is grooming the child will often spend significant time gaining the trust of the child's family or carers so they can spend time alone with the child. The person may:

- overstep social boundaries
- offer to take the child to sports or other activities
- offer to individually coach, mentor or tutor the child
- offer to do things for the family, like gardening or house repairs.

Grooming can happen face to face or online. It is important, when it comes to recognising signs of grooming in a child, that you report it if something does not seem or feel right.

For more information about recognising the signs of grooming, visit:
aspirelr.link/rcn-child-grooming



Video: The six stages of sexual grooming explained by Grace Tame



Watch this video to understand the stages of sexual grooming from 2021 Australian of the Year Grace Tame, who experienced real life grooming and sexual abuse: aspirelr.link/yt-six-stages-grooming

After listening to Grace talk, what makes you think that your clients or their children could be at greater risk for grooming?

Example

Jane's story of being groomed

At the age of 15, Jane was finding school hard and having difficulties concentrating in class. Her friend was concerned so she reported this to a trusted teacher. This teacher was very well-liked amongst students and peers, and Jane admired and respected him.

At first, he was respectful and exhibited genuine concern for Jane's stress levels. He then began keeping her after class to chat through things and started sending her emails that turned into poems expressing love and desire. The volume of emails increased, and Jane was overwhelmed as she had never had anyone *care* for her in that way before.

He then slowly began conditioning Jane to accept his touch, explaining while doing this that he needed her to be happy. He showed concern that if she stopped him, she would go back to being stressed and finding things difficult. Eventually this touching led to sexual abuse and rape.

Eventually Jane got the courage to report this to her school counsellor and the legal process began. She felt guilty for many years afterwards.

Physical and mental distress

Abuse, neglect and exploitation can have severe short and long term effects on a person.

It is now well accepted that abuse in both childhood and as an adult is often a main factor in the development of depression and anxiety and other mental health disorders. This can include:

- self-harm
- attempted suicide
- eating disorders
- substance misuse
- sleep disturbances
- post-traumatic stress disorder.

Mental distress covers a range of symptoms and experiences that impair or hinder the person's ability to cope. These symptoms include depression, fatigue and loss of interest or excitement in things previously enjoyed.

In the past there has been a stigma attached to those who admit they are experiencing mental distress. This is starting to change as knowledge grows and there is better education around the causes of mental illness.

This stigma related to mental distress or illness has meant the person who is being abused frequently feels guilty, ashamed and unable to speak up about what is happening to them.

Incidents of abuse of people with a disability

People with intellectual disability, especially those who identify as women or are from the LGBTQIA+ community, experience a higher rate of violence than people who do not have an intellectual disability. According to the Victorian Government (2022), people with a disability, and intellectual disability, often experience intersectionality or overlapping forms of discrimination or marginalisation.

Here are some examples of intersectional violence for people with disability:

- Women with physical and cognitive disabilities experience higher rates of intimate partner violence than those without disabilities, and those with cognitive disabilities are particularly vulnerable.
- In Australia in 2015, 15.9 per cent of women with disability or a long-term health condition reported experiences of violence in the last 12 months, compared to 4.3 per cent of women without disability.
- Vulnerability to abuse is likely to increase with the severity of a person's disability.

Up to 90% of women with an intellectual disability will experience abuse during their lifetime, with almost all of the abuse being perpetrated by someone known to them.

Legislation, policies and ethical considerations

Abuse, neglect and exploitation is illegal. In your role you are bound by legislation, policies and ethical considerations that guide your understanding and behaviour when identifying any illegal activity. If you do not follow these guidelines you may be breaching your duty of care and, in some cases, could be held legally responsible for your lack of action.

Each state and territory in Australia has different laws covering how you and your organisation must respond once you have identified that abuse, neglect or exploitation has occurred. The laws also differ depending on which sector you work in.

The overall approach on legal requirements in identifying and reporting abuse is as follows:

1. Make sure the person is safe and protected.



2. Report your concerns immediately to your supervisor. You have the right to have your identity as a reporter kept confidential.
3. Avoid disrupting or touching the area surrounding the place where the abuse may have taken place because it may be considered a crime scene.
4. Document what you have seen or heard.

You must document:
What you saw; for example, the size, location and type of bruising
When you saw it; date, time, day
What you did; for example, removed the person from the situation
What you said; for example, explained to the person that you had to report the incident
The person's response; what they said or did
Follow-up action to be taken

Reporting and mandatory notifications

In your role as a worker in community services there will be many times that you will need to report and document information to another person in authority.

- Internal reporting is for incidents that need to be investigated inside your organisation and do not need to be investigated via an external authority. For example, John Smith is unhappy with his meal and we need to write a feedback report to the kitchen. This does not require external reporting.
- External reporting is for serious incidents including, but not limited to, incidents or allegations of abuse, including sexual and physical abuse.

You, and your service, have a legal, mandatory responsibility to report serious incidents to an external authority. The reporting system you must follow will depend on the service you provide.

If you report an incident to your service and they do not follow up with the correct protocol, then you must report the incident yourself.

Codes of conduct

Your code of conduct is a set of values, rules, standards and principles that outline what your employer expects from you within your workplace. When you are first employed for a role in an organisation you will be given a copy of your code of conduct and will need to agree to what is written before you can start your duties.

If you believe a person is in immediate danger, then you must immediately call emergency services on 000 and report to the police.



This code of conduct may include:

- ways in which you should treat people
- how you should conduct yourself and behave while at work
- ensuring personal decisions, such as drinking alcohol, do not affect your work
- maintaining confidentiality
- identifying and reporting indications of abuse, neglect and exploitation.

In your work role you may be bound by more than one code of conduct.

The National Code of Conduct for Health Care Workers

The National Code contains 17 clauses which set out the way health care workers should undertake their practice.

The National Code provides a *negative licensing regime* that does not restrict entry to practice; however, it allows effective action to be taken against a health care worker who fails to comply with the proper standards as provided for under the National Code. Possible actions include issuing a prohibition order to cease practice, or placing conditions on a health care worker's practice.

Health care professions that are covered by the National Code include, but are not limited to, massage therapists, dieticians, speech pathologists, counsellors, and other types of allied, alternative and community health services.

To date, New South Wales, Queensland, South Australia, and Victoria have either implemented the National Code or are operating under a code that was in force before the Council of Australian Governments (COAG) decision. All remaining jurisdictions are in the process of enacting legislative change to introduce the National Code in their state or territory.

For more information about the national code of conduct for health care workers, visit: aspirelr.link/hcw-coc

Code of Conduct for Aged Care

The Code of Conduct for Aged Care was introduced on 1 December 2022 and applies to all approved providers of residential, home and flexible care services in aged care. If you are working in a service that provides aged care then your responsibilities are to act in a way that is respectful, kind and consistent with the behaviours set out in the code. It is your responsibility to understand and follow the code and speak up if you have any concerns.



For an overview of the Code of Conduct for Aged Care, visit: aspirelr.link/coc-aged-care

Video: Code of Conduct for Aged Care

Watch this video to learn more about the Code of Conduct for Aged Care: aspirelr.link/yt-coc-aged-care



NDIS Code of Conduct

The NDIS Code of Conduct promotes safe and ethical service delivery by setting out expectations for the conduct of both NDIS providers and workers. It sets clear and enforceable expectations for how supports and services are to be delivered. Enforceable means that the NDIS Commission can take actions against you if you do not meet these expectations.

For more information about NDIS Code of Conduct visit:

aspirelr.link/ndis-commission-coc

Video: NDIS Code of Conduct, Obligation 6

Watch this video to understand more about Obligation 6 in the NDIS Code of Conduct: aspirelr.link/yt-ndis-coc-6



Example

Adhering to your code of conduct

When Eric was employed as a community services worker in youth work he was obliged to sign his organisation's code of conduct before he started working. He understood that his behaviour should reflect the standards written in the code.

In his first week at work Eric was faced with some situations that were new to him. He used his code of conduct to guide his behaviour and decisions.

This included:

- telling a client who asked Eric to administer his insulin that he is not legally able to administer any medications, including insulin
- when starting work at 6am the next day Eric did not drink alcohol at the party he was at the night before, ensuring he did not have any alcohol in his system when he attended work



- not accepting a gift of a book voucher from a client when they offered it to him
- reporting to his manager when he was unsure how one of his clients got the bruise on his leg.

Practice Task 2

Question 1

Match each term about neglect to its definition/description.

Emotional neglect
Institutional neglect
Abandonment
Carer neglect

Inadequate staffing levels
Not providing necessary items such as food or water
Leaving the person in an unsafe place or state
Disregarding or ignoring emotional needs and a general lack of emotional support

Question 2

Which of the following statements about abuse, neglect and exploitation are correct? Select yes or no for each one.

a. Abuse can only be perpetrated by a close family member.	Yes / No
b. The most common type of exploitation is financial.	Yes / No
c. Medical neglect is the underuse of medication.	Yes / No
d. The highest proportion of people who are neglected are people who do not need support.	Yes / No
e. Exploitation can occur through using threats to get someone to do something they do not want to do.	Yes / No
f. If you have a reasonable belief that a person is being abused then you must report it.	Yes / No



Question 3

Which of the following factors increase a person’s risk of abuse, neglect or exploitation? Tick all that apply.

- Being isolated from the community
- Misuse of alcohol or drugs
- Having a mental illness
- Being wealthy and financially stable
- Living in supported accommodation

Question 4

Which of the following are changes you may see in someone who is experiencing abuse, neglect or exploitation? Tick all that apply.

- Behavioural changes
- Changes in appearance
- Increase in mental distress
- Physical signs such as good health
- Physical distress such as losing weight

Question 5

Match each term about abuse, neglect or exploitation to a behavioural indicator that you may see.

Sexual
Coercion
Physical
Psychological
Systemic
Emotional

Excessive fear or nervousness
Inappropriate or unusual sexual behaviour or knowledge
Showing high levels of compliance
Feelings of hopelessness
Very low self-esteem
Anxiety including panic attacks



Question 6

Which of the following statements are correct? Select yes or no for each one.

a. Sexual assault or abuse is any kind of sexual activity that a person is forced or tricked into doing.	Yes / No
b. The behaviour of coercion is designed to isolate the person by making them dependent on their abuser.	Yes / No
c. Undue influence is when a dominant party takes advantage of a disadvantaged person for the benefit of the disadvantaged person.	Yes / No
d. When policies and procedures fail to support a person's quality of life this is called systemic abuse.	Yes / No
e. Bruises or redness to genitals or contracting a sexually transmitted infection are signs of physical abuse.	Yes / No

Question 7

Name three signs that a child or teenager may be being groomed by an adult.



Question 8

Number each step from 1 to 4 in the order you would follow to identify and report abuse.

	Avoid disrupting or touching the area surrounding the place where the abuse may have taken place because it may be considered a crime scene.
	Make sure the person is safe and protected.
	Document what you have seen or heard.
	Report your concerns immediately to your supervisor.

Question 9

Which of the following statements about codes of conduct are correct? Select yes or no for each one.

a. In your work role you may be bound by more than one code of conduct.	Yes / No
b. They are a set of values, rules and principles where you can choose which ones you would like to follow according to your beliefs.	Yes / No
c. Your code of conduct will include your obligations to maintaining confidentiality.	Yes / No
d. The code of conduct will have expectations that you have knowledge about identifying and reporting indications of abuse.	Yes / No

1C

Recognise environmental signs of abuse

A person's environment consists of all the circumstances, people, things and events that influence their life.

The environment could be where the person lives, works, plays or socialises in their everyday life. For the people you may be supporting this could include the person's:

- house or home
- workplace
- disability day service
- supported accommodation
- family members' homes
- residential facility.

The greatest risk of the person being abused, neglected and exploited often comes from the people that are in these environments.

Family and domestic violence

This is any behaviour that is violent, threatening, controlling or intended to make the person or their family feel scared and unsafe, generally within their home environment. Family violence is not just an occasional argument, it is a continuous pattern of abusive behaviour perpetrated by one person towards another. This includes, but is not limited to, violent behaviour towards a spouse or partner, mistreatment of a child, controlling behaviours and/or negligence.

Family and domestic violence can occur across all ages, socio-economic and demographic groups. However, the following people are at higher risk of experiencing family and domestic violence:

- Aboriginal and Torres Strait Islander women
- Young women
- Pregnant women
- Women with disabilities
- Women experiencing financial hardship
- Women and men who have experienced abuse as a child

The person is likely to know the perpetrator and the violence usually takes place in their home. As a support worker you may be the only person to enter the person's environment apart from family members. This is why it is critical that you are aware of the indicators of abuse, neglect and exploitation in the person's environment.

For more information about family and domestic violence, visit:

aspirelr.link/sa-what-is-dfv



Video: Family Domestic Violence

Watch this video to gain an understanding of family and domestic violence:
aspirelr.link/yt-sa-dfv

What are some of the types of family and domestic violence that are discussed in this video?



Environmental signs of abuse, neglect and exploitation

The following table lists some environmental indicators of abuse, neglect and exploitation to help you when making observations about whether the person you are supporting may be at risk of abuse. It is important to note that these are indicators only. Not every person who has one of these indicators is being abused, and not every person who is being abused or neglected will have one of these signs in their environment.

Environmental area	Indicators
House	<ul style="list-style-type: none"> • Garbage thrown about yard and house, high weeds and overgrown garden • Hazardous housing due to lack of repairs; such as broken porch rails or planks, rotted steps or floors, holes in window or walls, leaking roof, dangling electrical wires • Human and/or animal excrement on floors and furniture • Evidence of fleas, rats, mice, roaches or other vermin, rotted food present in the house or yard • Evidence of obvious fire hazards; such as piles of boxes, newspapers, old clothes, unvented gas heaters and blocked exits • House is cold or wet • Utilities have been cut off • House is overcrowded • House lacks minimum equipment and facilities; such as no furniture, no stove or hotplate, refrigerator, electricity, plumbing • House is isolated from other houses • Faecal/urine smell in the house • Soiled or urine soaked bedding • Evidence of restraints • Large number of animals lacking care • Bottles of liquor that are empty • Large quantity of medication laying around, outdated and from different doctors



Environmental area	Indicators
House (cont.)	<ul style="list-style-type: none">• Piles of dirty clothes and linen• Frequently moving house• Unusual number of locks and bolts
Food, clothing, appearance	<ul style="list-style-type: none">• Little or no food available in the house• Little or no food available for special dietary needs• No accessible source of food• Limited variety of food• Food is spoiled or left out• Food stored improperly• No evidence of food preparation• Food prepared in unsanitary fashion• Insufficient or inappropriate clothing for the weather• Clothing does not fit properly, being either too large or too small
Financial/ Exploitation	<ul style="list-style-type: none">• Little or no money available until the next pay arrives• Suspicious withdrawals from ATMs when the person cannot walk or get to the bank• Power of attorney given by an individual unable to comprehend the consequences of their decisions• Repeated requests from the eligible adult requesting food, money, and so on• Documents signed by an adult who does not have the capacity to understand what is written on the document• Lack of amenities; such as TV, personal grooming items, appropriate clothing, when the person should be able to afford these items• Personal belongings missing including art, silverware, jewellery
Social	<ul style="list-style-type: none">• There is no one to talk to or anyone who will listen• There is no evidence of social visits, television, radio, books, or any kind of social, mental or emotional stimulation• House is physically isolated from community• Little or no contact with others• Relatives live far away• Only one person to call in times of crisis• Dependent on only one caregiver for financial/physical/emotional support• No assistance provided by friends, relatives or neighbours• Lives alone or in an overcrowded home• No hobbies or interests



Environmental area	Indicators
Social (cont.)	<ul style="list-style-type: none"> • Friends with drug and alcohol addictions • Visitors only on payday • Unable to read or write

If you have a reasonable belief that the person's environmental signs could indicate either abuse, neglect or exploitation then it is your duty of care to report this to the appropriate person as outlined in your policies and procedures.

Example

Recognising environmental signs of abuse and neglect

Daniel works with young children in community support. He is visiting a new client today, a six-year-old boy called Max, who lives at home with his mother and four siblings. Daniel is supporting Max to get ready in the morning and then drive him to school.

When he arrives at Max's house, Daniel has to knock several times on the front door to get an answer. Eventually a young girl, one of Max's siblings, answers the door and lets him in. Daniel comes inside and calls for Laura, Max's mother. Max's sister quickly tells him to stop calling for their mum as she is still sleeping. She says her mum had friends over last night and went to bed very late.

Max appears. He is a small pale boy with dirt on his feet and face, wearing just his underpants which appear to be soiled.

Daniel notes that there are lots of empty beer bottles through the house and believes he sees drug paraphernalia on the kitchen bench. He offers to make Max some breakfast before taking him to school and is alarmed to find only mouldy bread in the cupboard. At this stage Max says he is hungry and will just get some food at school.

Daniel tries to find Max's school uniform and suggests he has a shower. Max states he would like to but they have no hot water.

Daniel immediately feels he should phone his supervisor and report what he has seen in Max's environment. He is sure that what he has seen is a reasonable belief that abuse and neglect may be occurring.

Recognise external signs and signals that indicate abuse

Recognising signs and signals external to the person is just as important as being able to recognise the internal and environmental indications.

These are signs and signals which come from a source that is external, such as the affected or abused person's living circumstances, the people that surround them and their socio-economic status.

The following table describes in more detail some of the signs and signals which could indicate abuse that may be external to the person.

External signs and signals	Description	Examples
Socio-economic status	<p>As the risk of financial stress and economic hardship increases so does the risk of abuse. Sometimes the actual abuse can produce the financial hardship for the victim/survivor. The types of abuse and subsequent outcomes that are seen more in lower socio-economic areas include:</p> <ul style="list-style-type: none"> • partner violence and emotional abuse • sexual violence • hospitalisation due to assault. 	<p>Helen has been the victim of sexual violence from both her ex-partners. First, she was assaulted when she was 15 years old by her then boyfriend and, more recently, by her husband of ten years. Her husband has now been jailed for these offences.</p> <p>The effect the abuse has had on her over the years affected her ability to finish school and gain meaningful employment. This meant she had to seek support from the government for public housing and financial support to raise her four children since her ex-husband has no income.</p>
People living together in accommodation settings	<p>Group homes or hostels, particularly ones with people living with an intellectual disability, are places where the person can experience an increased risk of violence, abuse, neglect and exploitation.</p> <p>The lack of protection for people living in these homes comes from:</p> <ul style="list-style-type: none"> • insufficient staff to support different residents' needs 	<p>Graham lives in a hostel with other men who have experienced mental illness due to drug and alcohol misuse. The hostel has support workers present during the day to provide minimal support if needed. However, at night there is no supervision or support. Graham has often woken to find another resident banging loudly on his door and shouting abuse. He is too scared to go to the shared bathroom at night and often has to urinate in a bottle.</p>



External signs and signals	Description	Examples
<p>People living together in accommodation settings (cont.)</p>	<ul style="list-style-type: none"> • different residents with different unsupported needs, leading to frustration and abuse amongst residents • neglect due to a diminished quality of life. 	<p>Claire lives in a busy group home for people with intellectual disabilities. They often do not have enough staff to support all the residents. Some weeks Claire will only have one shower and often is left lying in her bed until lunch time.</p>
<p>Dependence on caregiver</p>	<p>The person being solely dependent on one caregiver is a sign that could indicate abuse. This dependence often leads to signs such as:</p> <ul style="list-style-type: none"> • becoming functionally dependent • poor physical and mental health • substance misuse • controlling or overprotective behaviour from the carer. 	<p>Josh is a 25-year-old male who lives with his older sister Trish. Trish became the sole caregiver of Josh, who has a physical disability, when their parents died three years ago. Since living with Trish, Josh has become dependent on her for all his daily living needs. Trish cooks all his meals, controls his finances and assists him with his hygiene. Josh has slowly lost all the skills he had previously learnt as he now leaves it all up to Trish. This has led to Josh becoming isolated, lonely and depressed.</p>
<p>Reports by other people</p>	<p>Sometimes other people, such as friends or family, will report things that they have seen or heard that could indicate a sign or signal of abuse.</p> <p>These reports may be made due to their concerns or just in passing conversation.</p>	<p>Examples of conversations might include:</p> <p>“Did you see the big bruise on Emily’s leg? She said she got it from falling over again.”</p> <p>“Carlos is so clumsy, he always has bruises all over his body.”</p> <p>“I am very worried about Maria’s living situation. She said her daughter often gets angry and throws things around the house.”</p>



External signs and signals	Description	Examples
Reports by person receiving support	<p>Sometimes it may be the person who is receiving the support that gives you signs or signals. They may not have the confidence or the ability to communicate the abuse to you, but could show through their gestures, actions or sounds to convey that they are being abused.</p> <p>This could include:</p> <ul style="list-style-type: none">• screaming when you wash their genital area as part of their support• pushing you away when you go to touch them for support reasons• becoming fixated on sex or sexual acts• telling you stories about people that come to hurt them.	<p>Amy is a nine-year-old nonverbal girl with autism. As part of the support, her support worker provides her with a bath which involves washing her genitals. Recently when the support worker comes near her with a washing cloth, Amy screams.</p> <p>Dylan is a young man who receives social support with rotating support workers during the week. He has been telling his support worker for that day, Ji-Ho, that a bad man comes in and squeezes his arm tight when he wants him to do something. Dylan squeezes Ji-Ho's arm tightly to show her what he means.</p>

Video: Report of Disability Royal Commission – Group homes (Auslan)

Watch this video to gain an understanding of some of the findings from the Disability Royal Commission: aspirelr.link/yt-drc-group-homes

What are some of the signs and signals external to the person that are mentioned in this video?





Practice Task 3

Question 1

Which of the following statements about environmental signs of abuse are correct?

Select yes or no for each one.

a. Family and domestic violence is a form of abuse within the home environment.	Yes / No
b. Women with disabilities are more likely to be victims of family and domestic violence.	Yes / No
c. As a support worker you should not get involved in the family's business even if you believe abuse is occurring in the home.	Yes / No
d. You may sometimes be the only person who visits the client's home environment apart from their family.	Yes / No
e. A residential facility or supported accommodation is not considered to be the person's environment.	Yes / No

Question 2

Match each term of environmental signs of abuse, neglect and exploitation to its definition/description.

Social
House
Financial
Food

Food is spoiled or left out
Human and/or animal excrement on floors and furniture
House is physically isolated from community
Lack of amenities, such as TV, personal grooming items, appropriate clothing, when the person can afford such items



Question 3

Match the external signs or signals of abuse to its description.

Dependant on caregiver
Socio-economic status
People living together in accommodation settings
Reports by person receiving support

The person uses gestures, actions or sounds to convey they are being abused
The person is solely dependent on one caregiver leading to them becoming functionally more dependent on that one person
Partner abuse, emotional abuse and sexual violence are seen more in people who experience financial hardship and economic stress
Different residents with different needs leading to frustration and abuse amongst residents

1D

Document concerns and report to supervisor

You have a legal and ethical obligation to support and promote the wellbeing of the person and help protect them from anything that results in harm. This includes reporting any suspicions or knowledge of abuse, neglect or exploitation.

This legal and ethical obligation is called your **duty of care** and it is not something that you can ignore. It will be written in your job description, code of conduct and in your workplace policies and procedures. These documents will guide you to ensure you are following your legal obligations.

Duty of care
A moral or legal obligation to ensure the safety and wellbeing of other persons.

Your duty of care involves:

- taking action if you believe other workers or managers are not upholding their duty of care
- reporting any suspicions or knowledge of abuse, neglect or exploitation
- knowing who you should be reporting to, and when
- following the code of conduct under which you are employed.

You must document any concerns you have and then report them to your supervisor or other relevant professional. Who you will report to first depends on your policies and procedures.

For example, in a residential aged care facility you will report concerns to the nurse in charge. In a supported accommodation house for people with disabilities, you will report first to the house manager/supervisor. In some community settings your supervisor or team leader may not be at the site with you. In this situation you should have access to a phone that allows you to contact them at any time as required.

In some cases you may not have a direct supervisor, such as when you are working for yourself or as a sole trader. In these situations, you must follow the reporting laws in your state and be willing, if obligated, to report to an external person. This might be the police or a government organisation, such as child protective services.

Example Duty of care

Liam assists Maria, an 85-year-old lady, to continue living independently in her own home. Maria is normally very positive. She is happy with her life, has good friends and loves living in her own home.



However today, when Liam is talking with her, Maria mentions that her sons are forcing her to sell her home as they need the money. Liam knows it is part of his duty of care to report that this news is having an impact on Maria's wellbeing and may be a potential case of financial abuse.

Dignity of risk

In the community services industry there is a strong emphasis placed on balancing your duty of care with the person's **dignity of risk**.

Dignity of risk
A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

Dignity of risk means that all people have the right to be free to take some level of risk within their lives. Dignity of risk allows for a person's right to make their own choices and decisions, even when those decisions could put them in harm's way. For example, as a child grows up, their parents give them more flexibility and freedom in how they play, even though there could be the risk of the child getting hurt.

All people have the right to take risks as long as:

- they have been informed of the consequences
- they are able to understand the consequences or potential risk
- others will not be adversely affected.

When it comes to documenting and reporting abuse, neglect or exploitation the person's right to dignity of risk is not relevant, as your duty of care outweighs the person's right to dignity of risk. Even if the person who is at risk of abuse asks you to not say anything, you are bound by your duty of care to follow your organisation's policies and procedures and make a report.

You are obliged by law to always act when you suspect that any child is being abused, or when any vulnerable person directly in your care is being abused. However, there are some specific situations when you may be obliged to respect the person's request to **not** report abuse.

For example, adults who do **not** have a cognitive disability or dementia and who are **not** being supported by a disability or aged care service may have the right to refuse to report abuse to the police or other government bodies, so long as there are no children involved. This is often the case when the violence is being perpetrated by a partner.



Example

Respecting the person's decision

A woman who is experiencing domestic violence by her partner might ask a social worker to respect her right not to go to police. In this case, the woman may be encouraged to seek help, but she usually also has the right to not report her abuser, so long as she does not have children who are or could be exposed to the abuse.

Example

Balancing duty of care with dignity of risk

Shania supports Pam, a 79-year-old lady living in her own home with her adult son Jake. One morning, when Shania is assisting Pam to have a shower, she notices a bruise shaped like fingers on the back of Pam's arm. Shania asks Pam where she got the bruise from and Pam replies tearfully that Jake got angry with her last night when she wouldn't give him any more money for drinks. He grabbed her arm, shoved her onto the couch and left the house.

Realising what she has just disclosed, Pam looks at Shania with a panicked expression and asks her to not report this. Shania explains that Jake is on bail for some money issues he had and if this gets back to the police it is likely he will go to prison. Pam then states it is her choice and dignity of risk to live with her son if she wants.

Shania realises that she must immediately phone her supervisor and make a report. She knows that her duty of care to Pam, who is being provided home care through their aged care organisation, overrides any preferences that Pam might have.

Policies and procedures for documenting

Legislation covering identifying and reporting abuse, neglect and exploitation is the basis for creating the policies and procedures on these matters in your workplace.

Your organisation's management are responsible for creating, training staff and updating the policies and procedures for reporting abuse, neglect and exploitation in your workplace.



Policies and procedures in your workplace related to reporting may include:

Compulsory reporting of suspected abuse	Staff are expected to understand and follow the legal guidelines to report all alleged or suspected cases of abuse, neglect or exploitation
Incident reporting and investigation	Where possible, employees will take immediate action to remove or minimise any hazards and risks. They should report to a supervisor for any appropriate action that should be taken
Consumer dignity and choice	All assessments, care and service planning will be conducted in partnership with the person, and they have the right to choose services in accordance with their individual needs and preferences
Employee conduct	To maintain the privacy and confidentiality of the clients and treat any information they obtain in their employment as confidential
Privacy and dignity	To ensure privacy and dignity is maintained for all people and they have control over their own environment
Risk management	Steps outlining the way a workplace will identify, evaluate and manage any risks
Serious misconduct	Description of conduct that involves an employee deliberately behaving in a way that is inconsistent with continuing employment
Serious incident response scheme for aged care services	The reporting scheme overseen by the Aged Care Quality and Safety Commission that outlines the reporting process for serious incidents
Reportable incidents for registered NDIS providers	Outlines reportable incidents that must be reported to the NDIS Quality and Safeguards Commission

Explaining the process of reporting to the person

The person and their significant others have the right to be included in the process surrounding the reporting of abuse, neglect and exploitation. This may include sitting with the person and going through the process with them, explaining what will happen once the abuse has been reported and to whom it will be reported. Your active listening and communication skills that were discussed earlier will be relevant here.

There are procedures you should follow when ensuring all the information about the process is given to the person. Explain to the person:

- what signs were identified that indicate suspected or actual abuse has occurred and why it is considered abuse
- what the relevant laws say about the need to report

- which person or professional will receive the report
- which relevant professionals may be involved in the investigation process
- what support will be provided to the person throughout the process.

Remember that the person may be anxious, scared or nervous about discussing what has happened to them. You may need to repeat what you have communicated more than once and should allow the person plenty of time to ask questions. They may also need your communication method to be adjusted depending on their means of communicating.

This may include:

- using an alternative communication device, such as a digital tablet with a communication app
- writing down important points
- printing information from relevant websites and highlighting important information
- using simplified versions from the various government reporting sites to ensure the main message is understood
- ensuring a professional interpreter is available if required.

Example

Explaining the process of reporting abuse to Sandeep

Sandeep is an 80-year-old man who has lived in Australia for ten years and has recently been diagnosed with dementia. Since his diagnosis Sandeep has reverted to mainly using his first language of Hindi.

Jenny, a support worker, has identified that Sandeep has possibly been financially abused by his neighbour. Jenny has reported this to her supervisor.

Jenny and the supervisor understand that they need to explain the process of reporting this abuse to Sandeep. As he has dementia, they understand he may not fully understand the implications and processes. His daughter Sami is called to meet with Sandeep, Jenny and the supervisor.

In the meeting a Hindi interpreter is present. Information from relevant websites is printed for Sandeep in both English and Hindi. Extra time is given for translation to occur and allow Sandeep time to process the information.

Escalating the issue

As discussed earlier you have a duty of care to work within the scope of your practice. This scope includes ensuring that your report of abuse, neglect and exploitation is escalated to the relevant person.

You will receive training on this, including:

- who to report to. This may include your team leader, supervisor, manager, human resources department or a dedicated separate area within the company that deals with incidents of this nature
- how to recognise the incident, including the signs and indications
- how to respond to the person involved and what support you should give
- the legal requirements to report alleged or suspected incidents
- options to report to an external organisation if you are concerned about reporting the incident to the organisation
- the consequences of providing false or misleading information.

Example

Reporting to the relevant person

Kim has recently started working for a disability organisation that supports people with intellectual disabilities in a day service environment.

Kim has identified what she believes to be systemic neglect and abuse within the service. Indicators she has seen include:

- all participants of the service being included in the same activities without any choices or input
- some participants appearing bored, withdrawn and even depressed at being forced to complete an activity that they do not want to do
- some participants trying to speak up but being quickly shut down by staff who tell them to stop complaining.

Kim tried to raise this, first with her team leader and then with her manager. Both of them bluntly tell her that this day service has worked well for the past 30 years and suits most people, so there is no reason to change things now.

Kim does not feel comfortable about reporting this further within her organisation, so she goes externally to the relevant NDIS complaints department to lodge an anonymous report.



Practice Task 4

Question 1

Which of the following statements about your duty of care and dignity of risk are correct? Select yes or no for each one.

a. If you are working for yourself or as a sole trader you do not have to report suspected or actual abuse to anyone else.	Yes / No
b. Dignity of risk refers to all people having the right to be free to take some level of risk in their lives.	Yes / No
c. Other people can still take risks even if it means others will be adversely affected.	Yes / No
d. When it comes to reporting abuse your duty of care outweighs the person's right to dignity of risk.	Yes / No

Question 2

Which policies and procedures may be relevant to reporting abuse in your workplace? Tick all that apply.

- Compulsory reporting of suspected abuse
- Homelike environment
- Employee conduct
- Privacy and dignity
- Serious misconduct

Question 3

Which of the following statements are correct about your duty of care requirements? Select yes or no for each one.

a. You have a duty of care to report any knowledge or suspicions of abuse, neglect or exploitation.	Yes / No
b. You do not have a legal or ethical obligation to support and promote the wellbeing of the person you are supporting.	Yes / No
c. Managers do not have duty of care requirements as they may not always work directly with the person.	Yes / No
d. Your duty of care can be found in your job description, code of conduct and policies and procedures.	Yes / No



Question 4

Name three things you may be trained in to understand how to escalate the issue to a relevant person.

Question 5

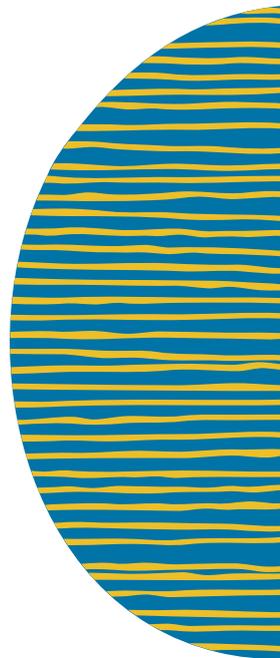
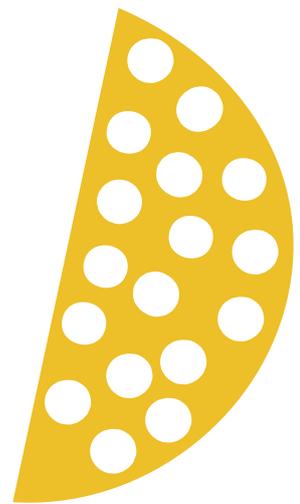
When explaining the process of reporting abuse what information may you need to give the person? Tick all that apply.

- What signs of abuse were identified
- Relevant professionals you may involve
- Other people's stories of abuse
- What support you will offer
- Information in a language they can understand



Summary

- Reading the person's individualised plan will help you to understand the baseline for that individual person.
- A person's baseline is important information taken at a certain point in time about the person that can be used for support and comparison.
- You have a duty of care to identify and report abuse according to the law, policies and procedures.
- Regulation and legislation in the industry require you to be able to recognise the behavioural and physical indicators of abuse, neglect and exploitation.
- Your organisation will have policies and procedures on the process for identifying abuse. You will receive training on how to follow these procedures and report to the correct person.
- Abuse, neglect and exploitation can come in many forms. This can include emotional, psychological, financial, physical, sexual, coercion, undue influence and systemic.
- Grooming is when a person engages in predatory conduct to prepare a child or young person for sexual activity at a later time.
- Abuse, neglect and exploitation can result in physical and mental distress, changes in behaviour and appearance.
- In your role you will also need to observe and recognise the environmental and external signs that could indicate abuse.
- Your duty of care will override the person's dignity of risk when it comes to documenting and reporting abuse.
- The process that is used to report the abuse internally within your organisation should be explained to the person.
- As part of your code of practice and your duty of care you will always document your concerns and report to your supervisor





Learning Checkpoint 1

Identify signs of abuse, neglect and exploitation

Part A

1. Match each term about verbal communication to its description.

Be comfortable with pauses in the conversation
Ask open-ended questions
Be present
Use paraphrasing

Pay attention and give your undivided attention
Have a pause in conversation before you reply to ensure you are not interrupting
Reflect and verbally repeat what the person is telling you in a few words with the focus being on their feelings
Allow the person further opportunity to share more information

2. Match each term to its definition.

Indicators of abuse
Exploitation
Abuse
Neglect

Any intentional action that harms or injures another person
Failing to properly care for a person
The act of taking advantage of another person
Physical and behavioural signs that might indicate a person is being subjected to abuse or neglect



3. Which of the following statements about abuse, neglect and exploitation are correct? Select yes or no for each one.

a. Financial abuse is misusing a person's assets, property, possessions or finances without their consent.	Yes / No
b. Any kind of sexual activity that you were forced, coerced or tricked into doing is sexual abuse.	Yes / No
c. Coercion is the act of persuading someone to do something by using force or threats.	Yes / No
d. Grooming can happen to any person at any age.	Yes / No
e. Grooming is a criminal offence.	Yes / No
f. A sudden alteration to a person's will against their wishes can be considered undue influence.	Yes / No
g. Physical abuse such as pinching or poking is okay as long as it does not hurt the person.	Yes / No

4. Which of the following would be included when explaining the process of reporting to the person? Tick all that apply.

- Signs that were identified
- Laws for reporting abuse
- Professionals who may be involved
- Excuses for the staff's behaviour
- What support will be provided

Part B

Read the case study and answer the questions that follow.

Case study

Matthew is a 45-year-old man who has an acquired brain injury from a motorbike accident when he was a teenager. This has left him with some difficulty in communicating.



After his parents found it too hard to continue to support him at home, Matthew recently moved into supported accommodation with six other men who have some form of intellectual disability. The house is busy, large and can get noisy at any time of the day. Residents are often shouting at each other due to frustration. Often there are not enough staff to provide the support that is required and Matthew's needs can often be pushed to the side.

In Matthew's individualised plan it states that his baseline includes that he:

- is generally a very happy person who loves to joke with friends and socialise with others for company
- is very aware of his personal appearance and always wants to be dressed in clean clothes, be clean shaven and have his hair brushed neatly
- has shown no behaviours of concern while living at home with his parents.

Vivian has been a support worker of Matthew's for a long time while he was living at home and has now followed him to his supported accommodation.

Vivian is shocked to arrive and find Matthew sitting alone in his room at lunchtime. He is wearing clothes that have a food stain on the front, is unshaven and smells strongly of urine.

1. Why is it important for Vivian and the service to know what is written in Matthew's baseline in his individualised plan?



2. What are three things that are written in Matthew's individualised plan that can give a good understanding of his baseline?

3. Name three reasons that Vivian has a duty of care to ascertain Matthew's wellbeing.

4. Name four types of abuse that Matthew may be at risk of.



- 5.** List the four signs Vivian has seen that could indicate that Matthew may be at risk of abuse, neglect or exploitation.

- 6.** Vivian is bound to follow her code of conduct while at work. Name three points from her code of conduct that would be relevant while she is supporting Matthew.

- 7.** What could be some changes in Matthew’s behaviour and condition if he is being neglected due to systemic abuse? Name four changes you may see.



8. Identify two changes in Matthew's appearance that could indicate that he is being neglected due to systemic abuse.

9. If Vivian suspects that Matthew is being abused, neglected or exploited, list the process she should follow.

10. Explain the main reason that Matthew is at an increased risk of being abused.



11. List four signs of physical or mental distress Vivian may see in Matthew.

12. What environmental signs in the supported accommodation house may indicate that Matthew is at risk for abuse, neglect or exploitation? Name four signs that may be seen in the house.

13. List three signs and signals external to Matthew that could indicate that he is being abused.



14. Matthew has asked Vivian to not tell anyone about her concerns that he may be abused or neglected. Explain what Vivian must do next.

15. What is Vivian's scope of practice when it comes to supporting people who are at risk of abuse? Explain three relevant points to describe your answer.

16. Suggest three people that Vivian may need to escalate this issue to.



Topic 2: Support people experiencing abuse, neglect and exploitation

- 2A Respond to the signs and symptoms of abuse
- 2B Determine a safe course of action and confirm the person's agreement
- 2C Recognise when to engage additional support and assistance



2A

Respond to the signs and symptoms of abuse

When you have grounds for concern, it is usually best to explain to the person why you are concerned and ask direct and honest questions.

In Topic 1, we looked at a range of physical, mental, environmental and external signs that might indicate a person could be being abused, neglected or exploited. Now that you are familiar with these indicators, it is essential that you understand how to respond when you see, hear, or suspect them. Your response must be according to the law, and according to the requirements of your own work role and sector.

It is not always easy to get the person being abused to confirm your concerns or suspicions. Many people who are victims of abuse try to hide the abuse from you or others. Before providing support and acting on a suspicion of abuse, it is important to understand the complex reasons behind this behaviour.

The relationship between abuse and devaluation

People who are subjected to abuse can have feelings of self-loathing, helplessness and desperation, particularly when the abuse happens over long periods of time.

Abusers sometimes use power, control and belittling language to keep the person compliant and to stop them from telling others about what is happening to them. The person might feel as if they are constantly walking on eggshells, watching everything they say and do, attempting to avoid a blow-up. The person experiencing the abuse might work hard to deflect attention to stop others from finding out about it. This might be because the potential consequences, including what their abuser might do if others find out, are just as frightening as the abuse itself.

Furthermore, it is not uncommon for people who have been abused or neglected to blame themselves, feel that they are responsible for the abuse, and that they are not worth saving. They might feel a deep sense of shame or embarrassment. They may also begin to feel that they have little value to others. This is called **devaluation**.

Devaluation associated with abuse can become a vicious cycle that can lead to the person experiencing the abuse blaming themselves, rather than their abuser.

Devaluation

A perceived lack of personal worth or value felt by a person about themselves, or about another person or persons.



This diagram shows the pattern of this cycle:



Here are some specific examples of how the person might feel, and the reason they have been led to feel this.

Internalised emotion	Cause
Feeling dirty, promiscuous, or sinful	A person or child who is being sexually abused might feel that they have contributed to the abuse by leading the person on, or from using sexualised behaviour that they did or did not intend to use.
Loyalty to the abuser	When children are being groomed or sexually abused, they might be told by their abuser that this behaviour is normal and something that all families keep secret from others. The child can develop a deep sense of obligation to a parent, relative or trusted person to whom they have made a promise to stay silent.
Fear	The abuser might have made the person feel frightened of the consequences of telling others. This is often the case in domestic and family violence, where the perpetrator threatens to hurt their partner's children if they tell anyone.



Internalised emotion	Cause
Powerlessness	Physical and emotional abuse often go hand in hand, such as in incidents of domestic violence. The perpetrator is often motivated by a need to feel in control, and the victim learns that the more passive and agreeable they are to the abuser, the more likely they are to be able to avoid angering them. This cycle contributes to feelings of powerlessness and the victim might begin to feel that they deserve the abuse because they are not able to please the perpetrator.
Embarrassment	Some types of abuse and exploitation can lead the person to feel acutely embarrassed and anxious that others do not find out. For example, when a person has been the victim of fraud or a scam their strongest emotion might be one of acute embarrassment, because they feel stupid that they didn't see through the scam.
Dependence on the abuser	The person being abused can be caught in a cycle of dependence on their abuser. This can often be the case when an older person is being abused by a family member who they depend on for care, or when a woman who is the victim of domestic violence feels that financial, social, religious or cultural ties to her home or community make it difficult or impossible for her to leave.

Actions to take if abuse is suspected

Each Australian state and territory has different laws and regulations when it comes to reporting abuse, neglect and exploitation so organisations use the laws and regulations relevant to their locality to form their own policies and procedures.

Below are some common directions included in organisational procedures for reporting abuse.

Identify whether abuse has taken place	<ul style="list-style-type: none"> • Speak with the person to ask questions; for example, if anyone has hurt them or if they are frightened of anyone. • Use your knowledge of the indicators of abuse, neglect and exploitation to determine if a reportable offence may have or has occurred.
Make sure the person is safe and protected	<ul style="list-style-type: none"> • Provide the person emotional support and validate their feelings. Listen calmly, show empathy and offer support. • Recognise that talking about abuse is difficult. • Ask yourself if the person or you are in immediate danger. • You may need to consider moving yourself and the person to a safer place.
Assess the level of risk	<ul style="list-style-type: none"> • Determine the level of urgency. • If it is an emergency call 000 and report to emergency services.



Do not touch the surrounding area	<ul style="list-style-type: none"> • If the abuse has recently occurred there may be evidence or proof in the area. • Leave everything in this area as you found it.
Treat any physical injuries	<ul style="list-style-type: none"> • If the person is injured, provide first aid or clinical treatment, such as covering a bleeding wound, or providing painkillers to help them to manage pain.
Report your concerns	<ul style="list-style-type: none"> • Follow your organisation’s guidelines to report to the appropriate person.
Document	<ul style="list-style-type: none"> • Document what you have seen or heard. • Your documentation should be accurate, timely and objective.

How to communicate if you suspect abuse has occurred or are concerned for the person’s safety

When there are grounds for concern you can sometimes ask directly about safety issues and take immediate action based on your organisation’s procedures.

As you have seen, in some workplaces and in some situations, you might be legally obliged to report your concerns to a manager instead of asking the person direct questions. However, there can be times when it is appropriate to ask questions to confirm or remove concerns.

For example, this could be:

- when you have no reason to suspect abuse is happening, but you know that the client is vulnerable to abuse and exploitation because of their living situation, age, disability or other characteristic
- when a vulnerable person shows signs of behaviour change or other small unexplainable changes, but you have no other reason to suspect abuse
- when the person might have been the victim of a scam or exploitation.

In these types of situations, talk to the person in private and let them know that you are concerned. Point out the things you have noticed that have made you worried.

Your explanation might be along the lines of, “I am a little concerned about you because [list signs that have made you concerned] and would just like to ask you some questions about how things are at home. Is that okay with you?” You can use a range of question types to try to encourage the person to open up, and if the person indicates that they are willing to talk you can make the questions more specific.

There is research that suggests that, in many situations, direct questions can be more helpful than trying to skirt around what you are really asking. This is because a person experiencing trauma is more likely to answer a direct closed question honestly.



Here are some examples.

Closed questions	Closed questions can be answered with either a single word such as 'yes' or 'no'. They provide you with facts and are sometimes easier to answer. Examples of closed questions include, "Is someone hurting you?" or, "Did you cut your own hand?"
Open questions	Open questions such as, "Tell me how you are feeling right now" or, "Why do you think you are feeling that way?" encourage a person to speak in detail. If you ask open questions like these, and the person is willing to answer, you are likely to receive a more comprehensive response.

Tell the person that you are there for them whenever they feel ready to talk. It is very important to reassure the person that talking can help reduce or prevent further harm or distress.

Let them know that you will help in any way you can, even if that is just by listening.

Remember that you must not make promises to keep whatever is said between the two of you private because, in many cases of abuse, you have a legal obligation to break this trust.

Asking about suspected family violence

The first step towards breaking free from family violence is for the person to recognise and acknowledge that the situation is abusive. Once the reality of an abusive situation is out in the open, the person can often move forward and get the help they need. Sometimes, for this process to begin, the person just needs someone to help them to talk.

If you suspect domestic violence that is not directly related to a vulnerable person you support there are some situations, such as those outlined above, where it can be within your job role to ask the person about it directly and let them know the reasons for your concerns.

Remember that many people do not see coercive control, threats of harm or verbal abuse as forms of violence, so use language that keeps this in mind. For example, if you ask, "Has your partner been hurting you?" the person might answer no even if they are frightened, because they consider your question is only asking about physical harm.

More useful questions might include:

- "Has your partner ever threatened to hurt you?"
- "Do you feel happy and safe at home?"
- "Do you ever feel frightened of your partner?"
- "Are you worried about your children or someone else in your family?"

For more detailed information about family violence visit: aspirelr.link/family-violence

Responding to an allegation of abuse

If a person tells you that they are being or have been abused you must take the allegation seriously. This is the case even if the person is an unreliable witness, such as if they have dementia. This is part of your duty of care and helps to protect the most vulnerable members of our society who may not have a voice to speak up about, or fight, abuse.

It can be difficult to know what to say, especially if you are given this information unexpectedly. You may be the only person who they have told and the person may have been holding on to this secret for a very long time. For some people, such as adults who were abused as children, abuse can remain undisclosed for decades.

Supporting the person through the process

Here are some points to help you to practice listening with empathy and support.

1. Listen carefully to the person's own story and perspective; give your full attention without interrupting.
2. Do not make comments that diminish what the person is feeling, such as, "Is it possible that you simply imagined it?" or, "I know what you're feeling".
3. Acknowledge the depth of the person's emotions by saying things like, "I can see that this has caused you a great deal of distress".
4. Let the person know that you are committed to helping them and that you will be there for them.

Listening carefully to the person's own experience helps develop trust and fosters empathetic, mutual understanding.

Provide reassurance to the person

In the early stage of an admission of abuse, or after the person being abused realises that you are aware of the abuse, your priority is to help the person feel safe and supported. Safety and support can be given in practical ways and we will look at these shortly. However, it can be just as important to help the person feel emotional safety, by gaining some relief or escape from fear or other negative feelings.



The most important responses include:

Step	Immediate response	Example
1	Acknowledge the difficulty of them admitting the abuse to you.	"That must have been a really hard thing for you to confide. I am glad you trusted me enough to let me know."
2	Tell the person that your first priority is to keep them safe.	"Your safety is the most important thing here, and I will make sure you are safe."
3	Ask about any children or other adults who may also be involved.	"Are your children also at risk? Do you need to take steps to protect them?"
4	Reassure them that you believe them and that you will support them.	"I believe you, and I will help you to get support."

Feelings of safety can come from simply knowing that there may be practical options available to the person to reduce the cause of distress, even if these options are not yet outlined in detail. It can be enough to create an awareness that options are there. For example, if the person is unable to function in their current situation, you might need to locate and talk to them about external resources such as emergency financial assistance or crisis accommodation.

Explain the process of internal reporting

If you are working in an environment or situation where mandatory or compulsory reporting is a legal requirement, explain to the person that you must report the allegation to your manager or to the police. It is important to be up front about this information, so that the person does not later feel that you have betrayed their trust. The next section will provide detailed information about internal reporting and mandatory or compulsory reporting.

Ensure the immediate safety of the person

If your questions or observations lead to concerns that someone may be in immediate risk of harm, you must seek urgent assistance from your manager and call 000 for emergency services.

In an emergency, your first priority is to keep yourself and others safe. When you become aware that a client, family, staff, community or others are at immediate risk of danger, this is considered an emergency. Where you might be putting yourself or others at harm from asking questions, it is important to call for help from emergency services, rather than continuing to question or help the person.



For example, you might immediately call for the police and ambulance when:

- the abuse is being perpetrated in your presence, such as domestic violence occurring while you are in the person's home or when a person is being threatened
- a person is experiencing extreme distress or suicidal ideation
- the person has life threatening or serious injuries resulting from abuse
- you feel it is not safe to leave the person or child in their home or other setting because of the risk of further abuse; for example, when a person has told you that they are at immediate risk, or a child is not protected from an abusive parent in the home
- a person is telling you over the phone that they are at immediate risk of harm and their abuser is nearby.

Calling emergency services

Seek help from emergency services if it is safe for you or someone else to make this call.

The operator will ask questions about the emergency such as:

- whether you need the police, ambulance or fire brigade
- the location of the emergency
- the nature of the emergency
- the name of your service, your name and position.

The emergency number for police, fire and ambulance in Australia is 000.

Stay on the line if it is safe for you to do so and give clear and calm answers. The operator will dispatch emergency services while they are still talking to you, so avoid panicking and continue to answer questions without interrupting with requests for help.

Act as directed by the operator over the phone and, if it is safe to do so, stay with the person at risk until emergency assistance arrives. Your ability to stay calm and keep a clear head is key to providing the emergency services with the information they need to work out the best and safest response to the situation.

Escalating suspected or actual abuse

When you are legally obliged to report suspected abuse, you must report it even if you are not certain. This is particularly true where you might suspect physical or sexual abuse of a child, or of a person who receives aged care or disability support.

Escalating to your manager

In some workplaces, as we have seen, you must immediately report any actual or suspected abuse or allegations to your manager. If you are unsure of how to act, this is usually the most appropriate and important response in all cases.



Escalating to police

If you have witnessed or suspect that abuse has just taken place, then the setting is potentially a crime scene and the police must be contacted as soon as possible so that the evidence can be properly managed. In some settings, such as in an aged care facility or disability service provider, this might be the role of your manager. If you are working in the person's home, or in other roles where you are acting alone, this responsibility might fall on you.

Examples of when you should call police urgently, even if the person is no longer at immediate risk include:

- when you have just witnessed abuse occur towards a vulnerable person, such as to an older person or to a child
- when you have found evidence that a crime has just taken place, such as when an older person with dementia has been found with blood stains that could indicate sexual abuse on their bedding or clothes.

Practice Task 5

Question 1

You work in an aged care facility, and a resident called Georgia has severe dementia. This morning, while you are showering Georgia, you notice bruising around her groin. She seems frightened and guards herself when you touch her, which is unusual behaviour for her. How should you respond to this?

Question 2

Emma works for a community service and is visiting a family in their home. A child in the family tells Emma that her father touched her genitals and that she is frightened he will do it again. What should Emma do next?



Question 3

Number each step from 1 to 6 in the order that abuse and devaluation can become a vicious cycle.

	Feelings of low self-worth
	Abuse occurs
	The victim feels too ashamed to ask for help
	Shame and embarrassment
	The abuser finds it easier to exert control
	The victim feels they deserve the abuse

Read the case study, then answer the questions that follow.

Case study

Tori is a support worker who visits older people in their own homes. She visits Kelly Rose, who is 78 years old with mild dementia, in her home. Kelly lives with her son, John, who is a musician. John has been responsible for Kelly's care needs since she was diagnosed with dementia three years ago and he is her legal guardian. Kelly has no other living family.

Kelly appears disorientated when Tori arrives. Tori notices Kelly's house is very untidy, that used dishes are piled in the sink and the toilet and bathroom are very dirty. Kelly has a strong body odour, her bed and clothes are soaked and have old urine stains. Her hair is greasy and Tori guesses she has not had a shower in a long time. There is no sign of John.

Kelly becomes upset when Tori asks her where John is. Kelly says she doesn't think she has seen him for a very long time. Kelly states that she phoned a friend and told them John was gone, but the friend said she must be mistaken because of her dementia.



Question 4

What three signs might indicate that Kelly is at risk of harm?

Question 5

List three questions that Tori might ask Kelly to raise her concerns and find out more information.

Question 6

Kelly asks Tori not to say anything, because she loves her son and does not want to get him into trouble. What should Tori do?



Question 7

Name three ways that Tori could support Kelly through the process of responding to Kelly's situation.

Question 8

Provide three immediate ways that Tori can provide reassurance to Kelly.

Question 9

Name four actions that Tori should take if she suspects Kelly has been abused.



Question 10

While Tori is at Kelly's house, John walks in the door and starts shouting abuse at Kelly. He grabs her arm violently and Tori can see that Kelly is in pain. How should Tori ensure the immediate safety of Kelly and herself?

Question 11

From the above details, what suggests the setting that Kelly is living in could potentially be a crime scene and why must this be escalated to the police?

2B

Determine a safe course of action and confirm the person's agreement

Your service will have policies and procedures outlining how you must respond to abuse or suspected abuse.

It is important to know and understand the legislation that applies to your own industry and job role, and to the specific situation. This section will cover legal and ethical requirements that must be followed while working in ageing and disability support.

Your service might also have a code of practice, applying to people in certain job roles, that will give guidance on supporting people in complex situations.

Each state and territory has different laws covering family violence. Some states also have best practice guides, or codes of practice, relating to services such as child protection and family violence.

Ensuring the person's ongoing safety through abuse safeguards

You must be familiar with legislation relating to your area of work as well as general legislation that impacts all workplaces, such as mandatory or compulsory reporting.

If a crime such as abuse has been committed within the service, the following steps provide a general guide to follow.

1. If you have not already done so, report your concerns immediately to your supervisor, to the police, or to another authority such as a relevant government department.
2. If you think a crime such as sexual abuse may have been committed, keep the area secure and try not to touch anything, particularly any evidence, such as weapons or torn or bloodstained clothing.
3. As soon as possible, make notes about what you were told and what you saw. This information may be required to help the police investigate and will be more accurate when your memory is fresh.
4. Ensure that the person experiencing abuse is kept away from ongoing exposure to the perpetrator. This might involve your managers immediately standing down a worker who has been accused or suspected of abuse, so that the allegation or suspicion can be investigated and either confirmed or dismissed.



In some job roles, such as a manager in aged care and/or disability services, your service **must** call the police if sexual or physical abuse is suspected.

Where a child has possibly been sexually or physically abused, all adults have the responsibility to ensure that the concern is reported to police or the department of child protection in your state or territory. This requirement is called **mandatory reporting**.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

The following table summarises safeguards that are in place in the community services sector to ensure the person’s ongoing safety.

External reporting procedures and abuse safeguards	Description
<p>Mandatory reporting of child abuse</p>	<p>Mandatory reporting of child abuse describes the legislative requirement imposed on certain people to report suspected cases of child abuse and neglect to government authorities. These are people in the community who interact with children and young people in the course of their work and therefore are required to report. These include doctors, dentists, nurses, midwives, teachers, police officers, counsellors and coordinators of home-based care for children, public servants who deal directly with children and some others.</p> <p>The requirements for mandatory reporting of child abuse vary between states and territories, with differences between who must report, what must be reported, and how it is reported.</p>
<p>Compulsory reporting of child abuse by all adults</p>	<p>In many states and territories, all adults in the community have the legal responsibility to report to the police if they have reason to believe that a child has been sexually abused. This applies to all children, whether they are your client or not; for example, a grandchild visiting their grandparent in an aged care facility. Penalties can apply to any adult who had good reason to suspect abuse but did not alert authorities.</p>
<p>Mandatory reporting in aged care services</p>	<p>Any service receiving government funding for aged care services has to meet certain mandatory reporting requirements to continue to receive their funding. This includes being accountable for:</p> <ul style="list-style-type: none"> • ensuring staff and volunteers have police checks • completing annual reporting requirements • reporting alleged and suspected assaults.
<p>Compulsory reporting in aged care services</p>	<p>The Serious Incident Response Scheme (SIRS) was introduced to prevent and reduce the risk and occurrence of abuse and neglect of older Australians receiving commonwealth subsidised aged care and other services. The SIRS has two key components which include incident management responsibilities and reportable incident obligations.</p>



External reporting procedures and abuse safeguards	Description
Client incident management system in disability services	The Client Incident Management System (CIMS) focuses on the safety and wellbeing of service users. The CIMS empowers service providers to effectively respond to and manage incidents involving people with disabilities, be accountable for their actions, and manage the quality of their own services.
Reportable incidents to the NDIS commission	NDIS providers have an obligation to report certain incidents to the NDIS commission. The commission will undertake specific steps to investigate the incident.

For more information about mandatory reporting of child abuse and neglect, visit: aspirelr.link/mandatory-reporting-child-abuse-and-neglect

For more information about reportable incidents to the NDIS commission, visit: aspirelr.link/ndis-incident-reporting

For more information about the SIRS in aged care, visit: aspirelr.link/acq-sirs-summary

Example

Responding to signs consistent with abuse and neglect

Jennifer works in an aged care facility as a support worker. One of the residents at the facility, Gayani, has advanced dementia.

Jennifer walked into Gayani's room when another staff member, Jeff, was already in the room with her. Jeff quickly pulled his hand out from under Gayani's bedsheets when Jennifer entered. Gayani looked distressed and was pushing him away from her. He mumbled anxiously that he was adjusting her nightdress. Later, Jennifer noticed unusual red marks on Gayani's breasts.

Jennifer does not want to believe that Jeff would abuse a resident, but she knows that Gayani is vulnerable and needs someone to speak up for her. Even though she is not sure, she knows that what she saw has to be reported.



Jennifer talks to her manager in confidence. She is upset, but the manager reassures her that reporting is the right thing. “What if I report this and Jeff wasn’t doing anything wrong?” she asks. “I don’t want an innocent person to get in trouble.”

The manager reassures her that Jeff will be given the opportunity to explain and that he will be listened to. She also points out that in the past, people with dementia have been subject to ongoing abuse for the very reason that potential reporters were unsure whether to act. The manager says, “We need to change that, because Gayani does not have a voice. According to the law, I have to ring the police and the Aged Care Quality and Safety Commission, even if we are unsure. They will investigate it properly and carefully.”

Document the incident or concern

Written records provide evidence of how you responded to an incident or concern. They record what was communicated to the person and help to show that procedures have been followed.

Documentation is an essential way for government departments, police and other external and internal personnel to see that you are following the law and standards of your industry. In the case of harm or suspected harm, such as abuse or neglect, the records you keep about your initial and ongoing responses are likely to be closely scrutinised.

Documentation can also protect you, because it can show that you have followed your legal requirements by reporting suspected abuse. For example, if the manager to whom you reported does not act on your concerns, and then later denies the conversation as a way to reduce their own liability, what you have written down can be used to show that you followed policy correctly.

You must write down exactly what you have seen and heard as soon as practical after you have witnessed or heard an allegation of abuse, or as soon as you have made a report of any suspicions or concerns you might have. If a crime has in fact been committed, a timely report will ensure that your recollection is fresh in your mind, and may include details that you might not later recall. You should complete documentation using objective, rather than subjective, language. It is important to record only the facts. In other words, only record what you see or hear and not what you think.



Here is a list of what you should record as soon as possible after the incident.

Record	Examples
<p>As many details as possible about what you saw and heard</p>	<p>Another worker left the resident's room just as the resident yelled out that she had been hit. When I went in, she had a red mark, about the size of a tennis ball, on her face. The resident was crying, and she told me that the other worker had slapped her because she didn't want to get out of bed to have breakfast.</p>
<p>When you saw it, including day, date and time</p>	<p>The incident occurred this morning, Tuesday 3 January. The worker left the room at 7.15am, just as the breakfast trays were being served.</p>
<p>What you said and did, and how the person responded</p>	<p>I reassured the resident that she was safe and that I would not leave her alone. The resident asked me not to tell anyone, because she didn't want to make the staff member angrier in case he hits her again. She was frightened that she might not be believed.</p> <p>I let her know that I have a legal obligation to report the incident and that the matter will be taken very seriously. I told her she will not have to confront the worker, and we will make sure she stays completely safe. I reassured her that the staff member who slapped her will not be permitted to return to her room.</p> <p>I asked the resident whether she would like to be present while I let a supervisor know what has happened. She agreed that she would like to be there.</p> <p>I rang the bell and asked another staff member to get the supervisor as soon as possible.</p> <p>I waited with the resident and then informed Ken Thomas, the supervisor, about what had happened.</p>
<p>What happened next</p>	<p>Ken asked me to stay with the resident while he called a senior manager and the resident's family.</p> <p>The senior manager called the police, who arrived at 8.15am. They spoke to the resident, myself and the staff member involved. The staff member has been sent home pending an investigation.</p>
<p>The current status of the person</p>	<p>The resident's daughter has arrived and is sitting with her mother, who is calm. The red mark is beginning to appear as a light brown bruise. I have applied an ice pack.</p>

Example

Follow mandatory reporting obligations

Rhonda lives in residential care and has dementia. Because of her lack of grasp on reality, she often tells stories about things that did not happen.

Today Rhonda has told Jackie, her support worker, that another staff member hit her. Jackie knows that this might not be true, and she can't see any signs of bruising. She is aware, however, that she must report what Rhonda told her because abusers are more likely to target a person who is less likely to be believed. As Rhonda's advocate, she does not need to have proof of abuse, but she must act on Rhonda's statement.

Jackie reassures Rhonda that she will keep her safe and tells her manager what Rhonda has said. The manager reports the claim to the Aged Care Quality and Safety Commission (ACQSC), who direct the service to undertake an investigation. After talking to Rhonda and other staff, the managers are reassured that Rhonda was not abused. However, the ACQSC require the service to document every future claim that Rhonda might make and review any new evidence or concerns.

Supporting the person's human rights

Human rights are reflected in laws, legislation, service delivery standards and other frameworks.

Human rights
Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

Human rights are the basic rights and freedoms that every person is entitled to just by being a human being, regardless of race, sex, nationality, ethnicity, state of mind or any other status. Human rights are inherent and inalienable. This means they cannot be taken away from a person.

When a person is the victim of abuse or neglect, they have the right:

- to be informed of what has happened and the actions you must take by law
- to have their privacy and dignity respected
- to express their opinions, views and beliefs, and to be heard
- to make decisions about how staff respond, apart from their mandatory reporting obligations
- to make decisions about other services or professionals engaged to support them, outside of legal or law enforcement requirements
- to make a complaint about how the issue has been managed by your service, or by the police or other authorities.



To read more about what human rights are visit: aspirelr.link/what-are-human-rights

The right to confidentiality

Maintaining confidentiality is part of respecting a person's privacy and their individual rights.

Confidentiality means you must not discuss an individual's personal information unless they have given their consent for this to happen. Even when you are legally obliged to disclose confidential information, you must take great care to protect confidential details from other people who do not need to know. This includes other clients, staff members who are not involved, or family members in situations where the person has the right to privacy. Apart from the situations outlined above, you almost always need the person's consent if you wish to talk about their situation with, or provide a referral to, other services or professionals.

There are some situations where privacy and confidentiality can be a matter of life and death. For example, a woman who is fleeing domestic violence must have her location and other details kept private. You should not disclose personal information of any kind over the phone, even if the caller announces themselves as an official, such as a doctor or police officer.

You can read more about privacy, confidentiality and disclosure at the following websites:

aspirelr.link/aacqa-privacy-policy

aspirelr.link/law-handbook-privacy-confidentiality

The person's right to be kept informed

Always determine the person's understanding and interpretation of the situation and the process that will follow.

Let the person know that your duty of care requires you to act in a certain way; for example, remind them of your legal obligation to keep them safe.

It is important to continue to involve the person and/or their families, where it is appropriate to do so. In some services, such as aged care, full and **open disclosure** is a legal requirement, along with continuing to inform the person and/or their family about what has been done.

Your service must ask the person, or their family if they are not able to understand, whether they are aware of what has happened and what your service needs to do next.

Where you or your service might suggest a course of action that is not a legal obligation, such as recommending that the person see a counsellor, you must help them to understand why you are making this recommendation and seek their consent to do so.

Open disclosure

A legal and ethical obligation to inform the person and/or their family about the details of an incident.

The right to informed consent

When the person or others are at risk of harm, you must share what you know or have been told with relevant services such as the police, doctors, mental health professionals, child protection services or others. You do not need the person's consent and you must share the information even if they expressly refuse to give permission.

It is legal to breach confidentiality and share information without consent when you know or suspect:

- a serious and imminent threat to an individual's life, health, safety or welfare
- a serious threat to public health, public safety or public welfare
- unlawful activity that could cause harm, such as drink driving.

At times, it is neither necessary nor safe to tell the person that you will be sharing the information. For example, a person who has been abusing a child might react to you saying that you are going to call the police by threatening the child to force them to deny the abuse.

Sharing information with other services

Informed consent

Permission granted by a person who has full understanding of the reasons and consequences of what they are agreeing to.

Apart from in the situations outlined above, you need to obtain **informed consent** from the person before sharing information with other agencies, such as domestic violence shelters or financial support services. The person must usually be told the reasons for collecting and sharing information, how the information will be used or shared and possible consequences from sharing or not sharing the information. Generally, information is only able to be shared when it relates to the initial reason you collected it.

The person's right to make decisions

As already discussed, you may have a legal requirement to override the person's request that you do not report actual or suspected abuse to another person. However, you need to be aware that there are times when the person has the right to refuse to give you consent to report.

For example, if the person is an intellectually competent adult who is not being directly supported by an aged care or disability service, they have the right to insist that you do not tell others about violence or abuse they have experienced. This situation might occur when an adult seeks help from drug and alcohol services or housing support and they tell you that they are a victim of abuse, or you notice bruising or other injuries that cannot be explained.



When the person does not agree with the necessary actions

The person may feel deeply threatened by your organisation's legislated course of action, even if on some level they understand it is the right thing to do. They might disclose information about a risk of harm but ask you not to tell anyone.

If the person is unable to exercise their own rights, you have a duty of disclosure to pass on information if this will keep a vulnerable person or a child safe. This applies even when the person asks you to keep it confidential and in these cases you need to act without the person's agreement. This might be by calling the police or reporting the incident to a senior manager.

Never promise to keep such information secret, even if you have to tell the person this after they have given you the information. This is your **duty of disclosure**.

Duty of disclosure
The obligation to pass on information required to keep a person safe, even when they request confidentiality.

Example

The right to make own decisions

A woman who is being physically abused by a male partner is reluctant to seek help from the police. She talks to Yvonne, a worker who drops food and vouchers from a local charity, about her concerns. The woman is distressed and crying and Yvonne encourages her to go to the police as soon as possible, but the woman is adamant that this will put her at more risk of harm.

Yvonne speaks to her manager who organises emergency accommodation for the woman and Yvonne encourages the woman to pack and leave with her children. At first, the woman refuses, but Yvonne focuses on the need to be safe. Once they are relocated, a domestic violence worker talks further with the woman about the benefits of having the police involved and gives her information on how the police will respond to the situation.

Implications when the person is unable to exercise their rights

Many people who are vulnerable, receiving support from an organisation, have a disability or are ageing have experienced some form of human rights violation. One of the main reasons for this violation is the person has been unable to exercise their rights.



This may be due to many reasons including:

- limited or no accessible information available about their rights
- limited or no alternative communication methods or system
- lack of control over their own lives
- limited access to services or support.

Implication
Something that is suggested, or happens, indirectly.

The **implications** for the person can be catastrophic and life changing. The following table describes some implications of a person being unable to exercise their rights.

Implications	Description
Increased risk of abuse and neglect	Abuse and neglect against a person who is unable to exercise their rights will often go undetected, unreported, uninvestigated, unprosecuted and unpunished.
Higher levels of poverty	Financial hardship and reliance on government payments puts people in the lowest socio-economic percentage of the population. This impacts their ability to find quality housing, develop skills and afford specialist aids, equipment and medical care.
Lack of autonomy and decision making	This leads to important decisions about a person’s life being made by others and might include being unable to decide where they live, who they spend time with and what they eat.
Increased rates of depression and anxiety	Higher rates of mental illness are seen in people who have been unable to exercise their rights. Not being able to make decisions or have control over their life leads to higher rates of depression and anxiety.

An organisation’s responsibility to people in their care

Every organisation has a responsibility to ensure that each care recipient is informed and aware of their human rights while using their service. These responsibilities will be set out in the form of a service agreement or charter, or as a brochure or online form and will be given to the person when they register for the service. They must be provided in a format the person can understand.

The service is then legally mandated to uphold these obligations and ensure that the person’s human rights are met.

For more information about the rights of NDIS participants, visit:
aspirelr.link/ndis-participant-rights

For more information about the Charter of Aged Care Rights, visit:
aspirelr.link/myagedcare-quality-care-rights



Example

Human rights

Lucas, aged 35, has recently joined a new service which will provide him with home care support to stay in his own home. On registering for the service, the coordinator talks to him about human rights and how the company is mandated by law to uphold Lucas' rights. Lucas has never been told about his rights before and states that he does not understand.

The coordinator opens the relevant website and shows Lucas what they are talking about. They allow him time to ask questions and then print out the information for Lucas so that he has his own copy.

Practice Task 6

Question 1

Which of the following statements about abuse are correct? Tick all that apply.

- It is important that managers investigate a claim of abuse first before going to police, to make sure of the facts.
- People with dementia are more likely to be targets of abusers than people without dementia.
- Being rough with a resident is not abuse if the person is resistant to care.
- Telling a person with dementia that there are snakes under their bed, in order to stop them from getting up at night, is a form of abuse.
- Mandatory reporting means my manager must go to the police, but I must still report what I see to my manager.

Question 2

Give an example of when it is especially important to protect a client's confidentiality.



Question 3

Which of the following statements are correct? Select yes or no for each one.

a. Mandatory reporting means you should report falls and deterioration in the person’s condition to your supervisor.	Yes / No
b. You must be certain that abuse has been committed before going to your manager.	Yes / No
c. People with dementia are more vulnerable to physical, sexual and emotional abuse than other older people without dementia.	Yes / No
d. Financial abuse can be committed by the person’s family.	Yes / No
e. Abuse can be committed by people who are strangers to the person.	Yes / No

Question 4

Which of the following should you do if you suspect that an older person living in their own home might be being abused by a family member? Tick the correct response.

- Make certain of your facts before reporting it in case you are wrong.
- Go directly to your manager and report your concerns.
- Write your concerns into a communication book so that family members can see you are suspicious of them.
- Write your concerns on a file note so your manager will see if they check it.

Question 5

Name three human rights that a person has who has been a victim of abuse or neglect.



Question 6

Which of the following statements about human rights are correct? Select yes or no for each one.

a. If a person in aged care or disability services is at risk of harm, you do not need consent to share information to relevant services.	Yes / No
b. Informed consent is the permission granted by a person who does not have full understanding.	Yes / No
c. Confidentiality is a person's human right.	Yes / No
d. If someone asks you to keep information about abuse or neglect secret then you must adhere to their wishes.	Yes / No

Question 7

Which of the following are implications of a person being unable to exercise their rights? Tick all that apply.

- Increased risk of abuse and neglect
- Lack of decision making
- Higher levels of income
- Higher levels of poverty
- Higher rates of depression

Question 8

What is an organisation's responsibility in relation to a care recipient's human rights?



Question 9

Which of the following statements about recording information through documentation are correct? Select yes or no for each one.

a. Documentation is an essential way for government departments to see that your organisation is following the law and standards.	Yes / No
b. When documenting you can write down what you saw and heard later in the week when you do the rest of your paperwork.	Yes / No
c. You must write down as many details as possible about what you saw and heard.	Yes / No
d. If the manager you reported to does nothing with your concerns then you do not need to document this.	Yes / No

2C

Recognise when to engage additional support and assistance

There are many options available for support services and professionals to meet the current and future needs of a person who is at risk.

After an incident or series of incidents have caused the person harm, or put them at risk of harm, they often need supports to help them cope in both practical and emotional ways.

You and your organisation will only be able to manage the situation up to a certain point. When the person has been abused they may prefer for you to work through the trauma and harm with them, but your organisation and colleagues may not have the necessary skills or advice to support and help the person. However, there are specific support organisations that are expert in working with victims and survivors of abuse and they are often in the best position to provide more focused support and assistance.

Supports can help the person to manage a current crisis, and can be put in place to divert a potential crisis and thereby reduce the risk of future harm to the person and/or to others. The first point of call is often, but not always, the person's own doctor.

Your role might involve assisting the person to identify services and supports that could help. Alternatively, it might be to support the person in a practical way by making a referral for them.

Additional assistance from external services might include:

Medical assistance for injuries or health conditions relating to physical abuse or neglect

Emergency accommodation or alternative accommodation

Domestic violence support services

Child protection services

Drug and alcohol services

Financial assistance

Social workers

Counselling

Psychological or psychiatric referrals



Additional assistance from external services might include:
Support from the courts and legal system, such as intervention or restraining orders or legal proceedings
Access to advocacy groups, such as Aboriginal and/or Torres Strait Islander peoples community advocacy; aged care or disability advocates
Support groups specific to the type of abuse; for example, Last Rites is an advocacy and support group for people who have experienced institutionalised sexual abuse

If the police or other authorities are involved they will often have the responsibility to initiate these options, along with senior managers in your organisation.

In some job roles, you might collaborate directly with the person to identify and agree on actions to help them cope and keep them physically and emotionally safe. You should enable prompt, timely actions that increase informal and professional support and enhance personal safety.

Developing a plan to access additional supports

Once further supports have been agreed, developing a plan can help formalise a strategy for how the person will move forward.

The next step is to develop a plan with the person to help them to move on from the crisis, and to help them to recover what they have lost, including physical possessions or emotional stability. The more involved a person is in developing a solution, the more invested they are in making that solution work. Therefore, gaining agreement on any future actions greatly increases the chances of those actions leading to a good, sustainable outcome. The plan should be developed in collaboration with the person, and any others close to them, who the person would like to be involved.

A plan should be written when the person is no longer in a disturbed state or in distress. It can be a very useful road map for them to refer to at times when they feel a lack of control, because the plan was written with their collaboration at a time when they felt some level of control and peace.

It should include the following items:



<p>Agreed first steps</p>	<p>This will include strategies and networks the person will utilise until they feel stronger or until they are able to overcome barriers to a better future.</p> <p>First steps might include:</p> <ul style="list-style-type: none"> • contacting the police to report a crime • seeing a GP to obtain a referral to a psychologist • finding accommodation with friends or family • accessing urgent or temporary welfare or charity supports.
<p>Formal, professional, supports and how and when they will be accessed</p>	<p>Professional supports might be ongoing or intermittent. They can include:</p> <ul style="list-style-type: none"> • spending time in hospital or a clinic while they recover from depression, or from physical abuse or neglect • planned visits to a psychologist or psychiatrist • seeking help from an alcohol and drugs (AOD) service • enrolling in a domestic violence program for men • accessing an employment service • going on a waiting list for public housing • contacts that can help when the person needs to talk, such as Lifeline or a counsellor.
<p>Informal supports and networks that can be mobilised to support the person</p>	<p>The person's own networks and supports should be used where possible to ensure a strengths-based approach.</p> <p>Write down clear and specific intentions about how and when the person will access these supports, including:</p> <ul style="list-style-type: none"> • the name and details of a supportive family member who has agreed to call on the person regularly to check they are feeling safe • a friend or family member who can help with short or long term accommodation • a trusted person who they can contact at any hour when they experience feelings of despair.
<p>A review date</p>	<p>A formal date for review ensures that there is an opportunity for follow-up. It can be reassuring to the person to know that they have a firm date to see you or your service again.</p> <p>Always let the person know that the review date can be brought forward if they feel the need or if their situation changes.</p>



Example

Developing a plan to access supports

Carley is a 30-year-old First Nations woman. She has a long history of depression and anxiety, first diagnosed when she was 21 and in a violent relationship. She attempted to commit suicide when she was 23.

Carley is a sole parent with three children aged 11, 9 and 6. She lives in state housing with a next door neighbour who is verbally abusive on a regular basis, shouting racially derogatory comments at her children when they are playing outside in the back garden.

The situation is causing Carley and her children significant distress and anxiety. However, Carley does not want to seek help from the police or the department of housing, because:

- she does not trust the police, and worries that the neighbour will make things up and the police will respond by removing her children from her
- she fears that the department of housing will side with the neighbour, and she will lose her home
- she is frightened that speaking up will trigger her memories of past abuses and cause her further distress.

It is of primary importance to help Carley and her children to feel safe. Given the barriers to seeking help that are in Carley's way, the workers might need to work closely with Aboriginal and/or Torres Strait Islander officers in the police department or the department of housing, or with a First Nations community organisation.

Carley's plan, developed with a community health worker, includes the following steps.

Agreed first steps

- Carley will contact friends and family in her community to find short term accommodation. This will stop her worrying about repercussions from the neighbour for herself and her children for a while, so that she can get a good night's sleep and a break from her fear and distress.



<p>Formal, professional, supports and how and when they will be accessed</p>	<ul style="list-style-type: none"> • The worker will help Carley contact the police and outline her concerns, with the aim of obtaining an intervention order. This will include speaking first to a First Nations liaison officer within the police force. • Carley will see her GP to obtain a referral to see a psychologist to help her reduce her high levels of anxiety. • Carley will apply for a move to another public housing unit.
<p>Informal supports and networks that can be mobilised to support the person</p>	<ul style="list-style-type: none"> • Carley will call Lifeline after hours if she feels distressed or triggered. • Carley will draw on her local cultural community to seek emotional support and ask for help to care for the children, to give her a short break while she regains her strength.
<p>Ongoing goals</p>	<ul style="list-style-type: none"> • If the neighbour breaks the intervention order or uses abusive language towards herself and the children, Carley will contact the local police station and speak to the female officer who has been introduced to her. When the local station is closed she will call the emergency number.
<p>A review date</p>	<ul style="list-style-type: none"> • A review date has been set for two weeks to determine whether Carley has begun to feel safe. Carley will contact the health service whenever she feels she is not coping.

Specialist organisations

You always need to be aware of procedures for making referrals, as referral protocols vary between services and work roles. In most cases, you need to obtain the client's consent to make a referral.

Here are some examples of organisations that the person and/or their family members may need to be referred to.

<p>Aboriginal controlled Community Organisations (ACCOs)</p>	<p>These services can provide specialist support for people from Aboriginal and/or Torres Strait Islander backgrounds to help overcome barriers and gaps that exist in accessing community, health and mental health services.</p>
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Social workers	<p>Social workers can help link people in crisis to the appropriate support services.</p> <p>They can help clients who are at risk of:</p> <ul style="list-style-type: none">• family and domestic violence• homelessness• mental health concerns• becoming involved in the youth justice system• poverty. <p>The person can access help from a social worker at no cost by contacting or visiting Centrelink.</p>
Centrelink	<p>Centrelink can help vulnerable people with financial and other supports during times of crisis, such as following significant financial abuse. This can come in the form of regular or one-off payments, practical support or emotional support.</p>
Referrals for family violence	<p>If you have concerns about family violence, encourage the person to call the police. If you suspect that children are at risk of violence, you should make sure that police are notified. Police make the majority of referrals to family violence services.</p> <p>Male perpetrators of domestic violence can be referred to men's behaviour change programs in your state or territory.</p> <p>In some situations, First Nations families experiencing family violence can be referred to Aboriginal services as part of local Koori Family Violence protocols.</p>
Referrals for child protection	<p>If you have a reasonable belief that a child needs protection, you or your service must contact either:</p> <ul style="list-style-type: none">• the police <p>OR</p> <ul style="list-style-type: none">• the department in your state or territory that oversees child protection, such as Child First (Victoria).
Phone and online supports	<p>Phone and online supports can be a useful backup for people who might prefer anonymous support, or for after hours contact.</p> <p>Lifeline (13 11 14) is a phone helpline for crisis support that operates 24 hours a day, 7 days a week.</p> <p>1800RESPECT (1800 737 732) is a national domestic, family and sexual violence counselling, information and support service.</p>

You can find more information about accessing a social worker at: aspirelr.link/sa-social-work-services



You can find more information about Centrelink supports at:
aspirelr.link/sa-centrelink-supports

Practice Task 7

Question 1

Provide two examples of the kind of phone helplines that might be provided to people in specific social or cultural groups who have been or might have been abused, and outline the support these services can offer.

Question 2

Give two examples of when you may need to engage additional supports and assistance for the person.

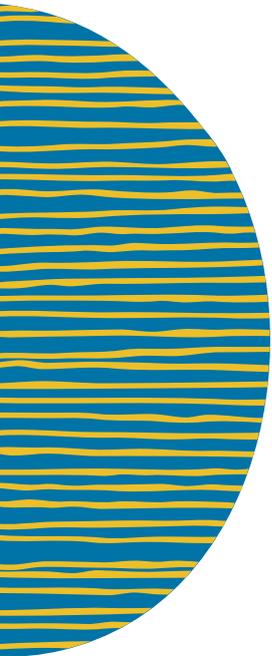
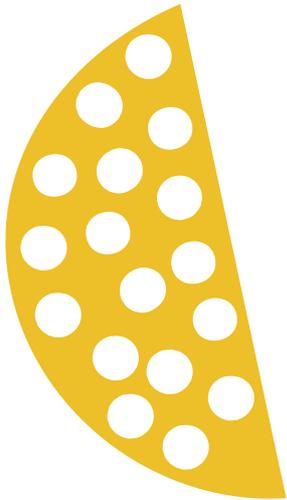
Question 3

Name three types of formal supports that could be accessed for the person impacted by abuse, neglect or exploitation.



Summary

- Once you identify the physical and mental signs and symptoms of abuse you must respond according to the law and your workplace policies and procedures.
- There is a strong link between abuse and devaluation of the person who has been abused.
- People who are subject to abuse can have feelings of self-loathing, helplessness and desperation.
- Devaluation associated with abuse can become a vicious cycle.
- The person may feel powerless, embarrassed or even dependent on the abuser.
- You have a duty of care to act if you suspect a person has been abused.
- Actions to take if abuse is suspected can include making sure the person is safe and protected, assessing the level of risk, treating any physical injuries and reporting your concerns.
- You may be legally obliged to report your concerns directly to your manager instead of the person who you suspect has been abused.
- Open questions encourage a person to speak in detail about their experience.
- If a person tells you that they are being or have been abused, you must take the allegation seriously.
- If your questions or observations lead to concerns that someone is in immediate risk of harm you must seek urgent assistance and call the emergency services.
- Your policies and procedures will guide you in the course of action you must take to ensure the safety of the person.
- The community services industry and relevant government departments have safeguards in place to ensure the person's ongoing safety.
- Every person has human rights, including when they have been abused, neglected or exploited.
- If a person is unable to exercise their rights this may be a human rights violation.
- Documentation will provide evidence of how you responded to the event and will show other organisations that you are following the law and standards.
- It is important to recognise when you may need additional support and assistance from external services.
- You will have to develop a plan to access these additional services.





Learning Checkpoint 2

Support people experiencing abuse, neglect and exploitation

Part A

1. List two circumstances under which you may need to share information about a person without their consent.

2. Provide one example of the benefit of using closed questions when asking people about their risk of harm or abuse.

3. Give two examples of closed questions.

4. How should you respond if you suspect that a child or vulnerable older person is being abused?



5. Which of the following statements are correct about the implications for a person when they are unable to exercise their own rights? Select yes or no for each one.

a. A person with a disability or dementia does not have the same rights as an able-bodied person.	Yes / No
b. Most people with a disability or who are ageing will not have had their human rights violated.	Yes / No
c. A person who is unable to exercise their human rights is at an increased risk of abuse and neglect.	Yes / No
d. A person who is unable to exercise their human rights is at an increased risk of living in poverty.	Yes / No
e. A person who is unable to exercise their human rights may not have access to information about what their rights are.	Yes / No

6. What types of information should you disclose to a supervisor, even if the client asks you not to?

7. Explain the meaning of mandatory reporting.

8. Give an example of when you would need to call 000.



9. Which of the following are correct about a person's human rights? Tick all that apply.

- The person has the right to be kept informed.
- The person has the right to informed consent.
- The person has the right to unlimited food and beverages.
- The person has the right to confidentiality.
- The person has the right to make their own decisions.

Part B

Read the case study and answer the questions that follow.

Case study

Denise is a 35-year-old woman living with her partner, Dan, and her 16-year-old daughter Kiera who has cerebral palsy and an intellectual disability. Dan is unemployed, experiences depression and drinks heavily. They live in a small department of housing unit in a low socio-economic area. Neither Denise nor Dan has a driver's licence or a car as they have never been able to afford them.

Gina, a support worker who visits to provide personal care to Kiera, notices bruising on Denise's neck. When they are alone together one morning she asks Denise quietly if she is okay. Denise breaks down and cries but says nothing other than thanking Gina for her concern.

Denise noticeably avoids Gina on her next visit and Gina notices that she is wearing a high-necked woollen jumper even though it is a warm day.

Gina has noticed that there appears to be no family around for support and friends never visit the house.



1. Name four signs from the case study that Denise is at risk of domestic violence.

2. List at least two signs Gina should look for that might tell her that Kiera has also been the victim of violence.

3. Identify what action Gina should take next.

4. Denise admits that Kiera has been physically abused by Dan. Identify the obligations Gina has to Denise, if Denise asks Gina not to tell anyone about this.



5. Name three links between abuse and devaluation in the case study.

6. Describe three actions that Gina should take if she suspects that abuse has taken place.

7. How could Gina provide reassurance to both Denise and Kiera when responding to the allegations of abuse? Give three suggestions.

8. Name two types of documents from the workplace that could guide Gina on advising who she should escalate the issue to.



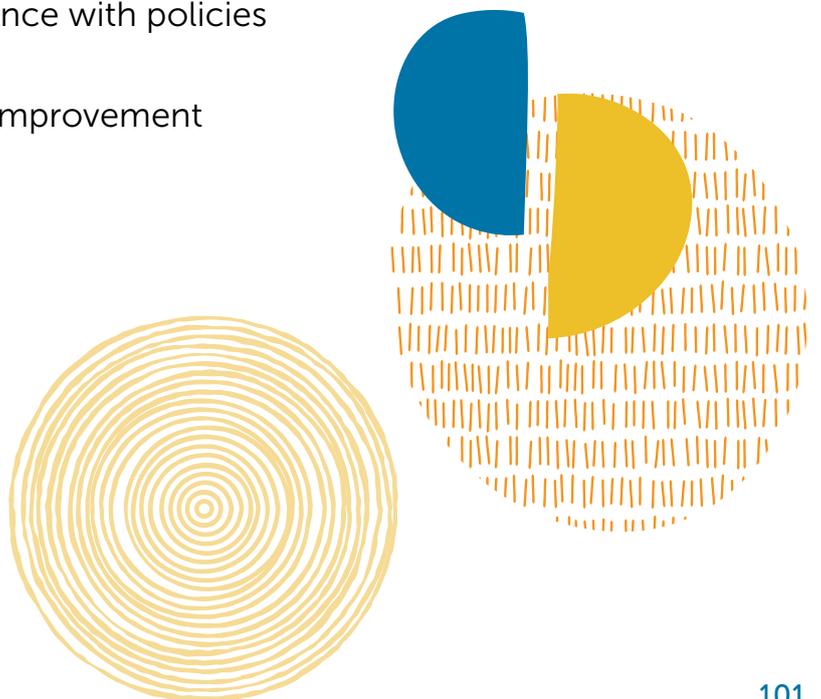
9. Provide three external services that could provide support or services to Denise and Kiera.

10. Explain what objective documentation is and why this is an important method of documentation for Gina to use.



Topic 3: Complete documentation and reporting

- 3A Complete documentation according to legal requirements
- 3B Maintain and store documentation
- 3C Reflect on actions in accordance with policies and procedures
- 3D Provide input to continuous improvement



3A Complete documentation according to legal requirements

In your role, documentation is not only a legal requirement but helps you provide high quality support and assistance.

Information that is poorly written can lead to confusion and mistakes as people may interpret the words and meaning differently. Good support involves you being able to keep accurate, objective and timely records.

It is sometimes said that if it isn't documented then it didn't happen. Documentation can take many forms, such as case notes, progress notes, communication books, incident reports, medication charts, summaries from other professionals and clinical records, and may be paper based, digital or a mix of both.

Accurate documentation ensures that everyone who reads the information gains the same understanding. This includes everyone:

- understanding the information in the same way
- using the same words and language
- remaining objective in their writing
- understanding the policies and procedures that guide documentation.

Completing documentation

Regardless of who is recording the information, your organisation needs to ensure the systems and processes for documentation meet the standards of the industry that you are working in. Your organisation will do this by ensuring that it has current and usable policies and procedures that outline how you will document while working at there.

This policy will include the following details.

Your roles, responsibilities and expectations	<p>Different roles will be expected to document different outcomes for the person. For example:</p> <ul style="list-style-type: none">• a support worker may document day to day changes and incidents that happened on their shift in a progress or case note• a team leader may document in support plans, make changes to the individualised plan and write referrals• a nurse may document clinical notes and findings. <p>Regardless of their role all staff have a responsibility to document suspected or alleged cases of abuse, neglect and exploitation.</p>
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<p>When documentation is required</p>	<p>It is only necessary to document events or instances that are unusual and may affect the support for the person. This includes any changes in the person's behaviour, emotions and physical ability.</p> <p>Documentation must always occur if you are reporting suspicions or allegations of abuse, neglect and exploitation.</p>
<p>Reportable incidents</p>	<p>The type of reporting system your organisation uses is mandated by the government and depends on the industry you are working in.</p> <p>You may not be responsible for completing online reporting systems but you will still need to document what you saw, heard or were told. This documentation may be vital to help pull all the pieces of the story together when external agencies are investigating.</p>
<p>How your organisation documents</p>	<p>Documentation can come in many different formats. For example, you may document:</p> <ul style="list-style-type: none"> • using a password protected computer or tablet that is provided by your organisation • in a communication book with a pen • using an app on a password protected phone.
<p>How to gain access to the documentation systems</p>	<p>You will be trained and supervised when you are first learning to complete documentation. Each organisation will have a unique system and you may need further training sessions as updates occur.</p> <p>Be sure to ask rather than guess before you document, as your information may not get saved and may be lost.</p>

It is your role, responsibility and expectation, regardless of your position, to always report and document abuse within the expected timeframes.

Accurate, timely and objective

Your documentation should follow the same guiding principles as used across all sectors where documentation is important. The following table gives further information on what this looks like.

<p>Accurate</p>	<p>Not giving too much or too little information. If too much information is given it may obscure the message. If too little information is given then the incident may not be understood.</p> <p>The information should be correct and error-free.</p> <p>You cannot make up or falsify any of the information and it must remain objective.</p>
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Objective

Non-opinionated, non-emotional and non-judgemental presentation of facts.

Subjective

Based on feelings, emotions or opinions.

Objective	Only information that has been seen, heard, witnessed or initiated should be included in the documents. In other words, only facts should be documented. Information that is subjective must not be included. Subjective information is based on assumptions or feelings of the person writing the documents.
Timely	Documentation needs to be completed as soon as possible after an event or incident. Leaving too much time can result in information being forgotten or lost. It can also result in a person potentially being at risk of further harm, especially in cases of abuse and neglect.
Person-centred	Information documented is tailored to the specific needs of the person. The documentation is written all about the person and their needs and is not about you. The person is the focus.
Compliant	Legal requirements need to be met. Documentation policies and procedures are written based on the standards and laws for the industry. Reportable incident systems are accessible and used by the correct person.

Implications of poorly documented information

Documentation is an additional safeguard against the risk of abuse for the person. Undocumented or poorly documented information relies on people’s memories and is therefore less likely to be well communicated or remembered. This can lead to a loss of important information and poor outcomes for the person.

Poor documentation can also result in:

- incorrect or less funding for the person
- reports of abuse being misinterpreted or being unreported
- the person not receiving the correct support or advice
- referrals to further services not being made
- deterioration of the person’s mental health state
- the risk of further abuse, neglect and exploitation occurring.



Example Documentation

Objective example	Subjective example
Eleni was observed to have a large red patch on her left arm near her wrist. She was rubbing it and frowning. Eleni was alone in the same room as Mavis prior to the red patch being observed. This red patch was not present when Eleni was given a shower this morning.	Eleni has a very sore red arm that looks very painful. Eleni appears to be upset and in a lot of pain. She was in the room with Mavis before the red arm was noticed. Mavis must have hurt her as she is a cranky old lady who often hits people.
Johan was weighed this morning and he has lost 5 kilos since he was last weighed a month ago. Johan stated that he sometimes misses out on meals when his family can't come to visit him. Johan's cupboards and fridge were observed to be empty.	Johan looks so skinny and appears to have lost a lot of weight. This is because his family does not feed him properly and probably leave him starving and without food. He has no food in the fridge as his daughter doesn't really care about him very much.

Reportable incidents

As previously discussed, part of the systems and procedures employed to manage suspected abuse is the use of safeguards. One of the most important safeguards is the compulsory and mandatory reporting of certain incidents to an external agent, such as the police or the government. This authorises the external agent to investigate and ensure the safety of the person who is being abused or neglected.

If there was no reporting system, certain organisations would be able to ignore, continue or allow abusive behaviour to continue, resulting in a system that does not protect its vulnerable people.

Historically this has been the case with how vulnerable people have been treated. There were no laws or systems for reporting abuse which resulted in decades of systemic abuse and neglect.

Example

Past history of not reporting abuse

- a. Sally was a teenager in the 1950s living in an institution for people who had a disability. One of the cleaners working at the institution would sexually abuse her at night when it was dark. Sally tried to tell the workers about this but the staff would tell her to stop making up lies and to keep quiet and the abuse continued.
- b. Phillip was living in a nursing home in the 1980s as he needed extra support with his dementia. A staff member noticed bruises on his arm that looked like fingerprints. When the staff member discussed this with the manager, the manager asked her to be quiet about it as it would ruin the nursing home's good reputation.
- c. Mario lived in a hostel with other men suffering from severe mental illnesses in the 1970s. One morning staff were helping him out of bed when he slipped and fell. Instead of helping him, they laughed as he tried to get up. The supervisor saw this happening and told them to grow up, but walked on without reporting or documenting what they had seen.

Reporting abuse

You have a duty of care to report suspected or actual abuse in the service to a manager or senior person. You must report to your manager if you are concerned about possible abuse, even if the person asks you not to.

If your manager does not act on your suspicions or beliefs of abuse, neglect and exploitation then you have the responsibility to report the incident yourself, to either the police and/or the government department.

As discussed previously you do not have to be sure or have proof that the person or child is being abused; reasonable cause to suspect or be concerned that abuse might be happening is enough. In all states and territories, service managers have a legal responsibility to report possible sexual and physical abuse to the police and to the NDIS or government department or other authority. This is called mandatory reporting.

In some parts of Australia all types of suspected abuse must be reported to police, especially when abuse might affect a child under the age of 16.

Different states and territories have different approaches and requirements for reporting abuse of vulnerable adults. Some useful resources are listed below.



National	The NDIS: <ul style="list-style-type: none"> • aspirelr.link/ndis-incident-report
Australian Capital Territory	Service providers in the ACT can report abuse, neglect or exploitation of vulnerable adults, or those at risk of abuse, neglect or exploitation, to the ACT Human Rights Commission: <ul style="list-style-type: none"> • aspirelr.link/act-complaints-about-abuse
New South Wales	Service providers in NSW can contact the Ageing and Disability Commission to discuss concerns about the abuse, neglect or exploitation of an older person or a person with a disability: <ul style="list-style-type: none"> • aspirelr.link/nsw-ageing-disability-commission
South Australia	The Adult Safeguarding Unit in South Australia responds to reports or concerns of abuse in relation to vulnerable adults: <ul style="list-style-type: none"> • aspirelr.link/sa-adult-safeguarding-unit
Victoria	The code of conduct for disability workers in Victoria sets out the obligations of disability support workers and disability service providers: <ul style="list-style-type: none"> • aspirelr.link/vic-code-of-conduct

If you feel that your service is not taking your concerns seriously, or not reporting the abuse according to law, you can go to the police yourself. You can also make an anonymous complaint to the NDIS Commissioner or to the government department in your state or territory that manages disability services.

Serious Incident Response Scheme (SIRS)

The Serious Incident Response Scheme (SIRS) is an initiative that was introduced on 1 April 2021 to help prevent and reduce incidents of abuse and neglect of older Australians receiving Commonwealth subsidised aged care and services.

As part of this scheme, approved aged care providers must have an effective incident management system in place and must use it to continuously improve the management and prevention of incidents.

Reportable incidents in residential aged care and ageing home services	<ul style="list-style-type: none"> • Unreasonable use of force • Unlawful sexual contact or inappropriate sexual conduct • Psychological or emotional abuse • Unexpected death • Stealing or financial coercion by a staff member • Neglect • Inappropriate use of restrictive practices • Unexplained absence from care
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The SIRS	<ul style="list-style-type: none">• Strengthens aged care systems to reduce the risk of abuse and neglect• Builds providers' skills so they can better respond to serious incidents• Enables providers to review incident information to drive improvements in quality and safety• Reduces the likelihood of preventable incidents reoccurring• Ensures people receiving aged care get the support they need
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How to report an incident in aged care services

Providers must report incidents using the SIRS tile on the My Aged Care Service and Support Portal. Your organisation should make the roles and responsibilities of who needs to report clear. Providers should ensure enough staff have access to the portal to allow reports to be submitted on time.

The reporting timeframe will depend on the priority of the incident. Priority 1 incidents need to be reported within 24 hours and priority 2 within 30 days of becoming aware of the incident.

Priority 1 incidents are reportable incidents that include those:

- that have caused or could reasonably have been expected to cause the person physical or psychological injury or discomfort requiring medical or psychological treatment to resolve
- where there are reasonable grounds to contact the police
- involving unlawful sexual contact or inappropriate sexual conduct
- involving the unexpected death of a person or the person's unexplained absence from the service.

Video: Reportable incidents under the SIRS
Watch this video to learn more about what is a reportable incident under the SIRS: aspirelr.link/yt-sirs-reportable-incidents



Client Incident Management System for disability service providers

Client incidents that occur during service delivery and result in harm to a disability client are required to be reported by services in their client incident management system (CIMS). The CIMS should have clear instructions for identification, response and reporting. This could include reporting possible or suspected cases of sexual and/or physical abuse.



Notifying the NDIS commission

If the disability service you are working for is a registered NDIS provider then all reportable and alleged reportable incidents must be notified to the NDIS commission. This is in addition to having recorded and responded within your own incident management system.

Reportable incidents in NDIS funded services. To be reportable it must be in connection with the provision of supports and services.

- The death of a person with disability
- Serious injury of a person with disability
- Abuse or neglect of a person with disability
- Unlawful sexual or physical contact with, or assault of, a person with disability
- Sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity
- Use of a restrictive practice in relation to a person with disability where the use is not in accordance with an authorisation, however described, of a state or territory in relation to the person; or if it is used according to that authorisation but not in accordance with a behaviour support plan for the person with disability

The NDIS commission must be notified of all reportable incidents within 24 hours except for the unauthorised use of a restrictive practice, which must be reported within 5 business days.

If the incident is suspected of being a crime, or the person is in immediate danger, then this must be reported to the police immediately.

How to report an incident to the NDIS commissioner

You must submit an Immediate Notification Form via the NDIS Commission Portal within 24 hours of key personnel becoming aware of a reportable incident or allegation. You must be aware of your job role and scope of practice to know if you are one of the key personnel who needs access and must report through the NDIS commission portal.

For more information about the NDIS reporting system visit: aspirelr.link/ndis-reporting



Practice Task 8

Question 1

Which of the following statements are correct about completing documentation?

Select yes or no for each one.

a. Different roles will be expected to document any suspected abuse of the person.	Yes / No
b. You should always document and report changes in the person's behaviour.	Yes / No
c. You should always make sure that your documentation is subjective.	Yes / No
d. It does not matter if your documentation has errors if you complete it in a timely fashion.	Yes / No
e. Documentation needs to be completed as soon as possible after an event or incident.	Yes / No

Question 2

Which of the following statements about reportable incidents are correct? Tick all that apply.

- Serious incidents are not always serious, it is just a classification.
- SIRS is the compulsory reporting system for Aged Care Services.
- Different states have different approaches to reporting.
- The NDIS commission is for reporting incidents in disability services.
- If your manager does not act on your report then you must report to the police.

3B

Maintain and store documentation

The organisation must maintain and store the person's documentation according to their policies and procedures. This includes maintaining the person's privacy and confidentiality, updating records as needed and, on request, allowing access to the records by the person.

Organisations have numerous legal obligations to ensure they are compliant, including demonstrating that they have complete, accurate and current documentation. For example, the Aged Care Quality Standards requires complete and accurate records of all care and services delivered.

Policies and procedures

The foundation for good documentation and record keeping is having a good maintenance and storing policy that is accessible and known to staff. These procedures should be:

- provided to staff with training
- kept up to date with any legal changes.

Your responsibilities include ensuring that you understand how to maintain and store documentation, so if you are unsure of what to do you should request further training. Often staff will be trained and understand the policy but for multiple reasons do not comply. This leads to breaches, often in the confidentiality and privacy of the person, which can have catastrophic consequences.

Confidentiality and privacy

The *Privacy Act 1988* (Cth) is the principal piece of Australian legislation protecting the handling of personal information about individuals. Under the Act, and the relevant standards for each sector, organisations must protect and enhance the safety, wellbeing and quality of life of all people. This includes the person having the right for their personal information and identifying details to be kept confidential and private.

When information is collected about someone regarding abuse, neglect or exploitation it will often contain highly personal details that the person does not want shared with others. This information could include their name, home address, date of birth, email address, medical history and details of the incident.

Maintaining confidentiality of the person's private information is essential to good record keeping systems.



To keep documents confidential and private they should be stored so that unauthorised people cannot access them. This could include locked and secured:

- staff rooms/offices where only certain staff have access via a key or a coded system
- password protected computers
- cupboards or filing cabinets where access is limited to authorised people.

Staff should uphold the person's right to confidentiality and privacy by:

- keeping all interactions with the person private, unless they give permission for details to be shared
- not discussing the person or their details with anyone outside work or outside working hours
- only discussing personal information with the person in an appropriate location.

A breach in privacy and confidentiality can result in you and your organisation being held liable for any damages or harm caused.

Example

Breach of confidentiality and privacy

James works in community support at the local neighbourhood house. He has just written an incident report about suspected sexual abuse of a 15-year-old boy who visits the house. The incident report is handwritten and he plans to enter it into the online system later. The report contains private details of the suspected abuse as relayed by one of the boy's friends. On his way to the office James goes to the toilet. When he gets back to the office he realises he left the report near the sink while washing his hands. He returns to the bathroom to get the report but it is not where he left it and is now missing.

Requesting access to records

Australian privacy law gives the person the right to access their personal records on request. There are some exceptions to this, where the law may not allow the information to be released. The person's health information may include:

- specialist reports
- incident reports
- notes of their symptoms
- criminal records
- health information
- past history of abuse.

To get access the person may need to put their request in writing, detailing the information that they are requesting. The organisation has 30 days to respond.

This means the person can access records and documentation that you have contributed to, which makes it essential that you ensure all documentation you contribute to is accurate, objective and compliant. Records and documents are retained for a substantial time and could be used for legal purposes several years in the future. You could even be called to testify in court, should the person you wrote the documents for end up in legal proceedings related to when they were receiving your support.

An organisation can refuse to give the person access to their personal records if it believes there is valid reason. This could include:

- the belief that giving access may endanger the life, health or safety of any individual, or endanger public health or safety
- when giving access would have an unreasonable impact on the privacy of other individuals
- when personal information is part of existing or anticipated legal proceedings between you and the organisation.

If an organisation does refuse the person access to their records it must inform the person in writing and explain the reasons.

Again, you must be aware of the scope of your practice before releasing any information to any person. If it is not within your role then you need to refer this to your supervisor or manager.

Example

Access to records

Jedda has recently left an abusive relationship with her ex-husband Mick. Jedda's case is going to court and the police and her lawyer have asked whether she has any form of documentation to show that Mick's behaviour and the abuse was ongoing. Jedda remembers that when she was accessing community services she disclosed some information to a worker named Kerry and told her about Mick's aggressive behaviours on several occasions. Jedda contacts the service in writing to ask for the specific case notes from that time. Thankfully Kerry kept objective and compliant notes on their electronic computer system, including discussions with her supervisor. Jedda's wish for the information to not be reported externally was also recorded. Jedda feels confident that what Kerry wrote is an accurate description of the conversations they had about her relationship.



Practice Task 9

Question 1

Which of the following are reasons why you must maintain your documentation correctly? Tick all that apply.

- Your documentation could be requested by the person.
- It could end up being used for legal proceedings.
- It can be used as an example for your co-workers.
- It is required by law.
- A doctor, lawyer or police officer may require it.

Question 2

Name two ways you can store documents and information to maintain the person's confidentiality and privacy.

Question 3

What could happen if you or your organisation end up breaching the person's confidentiality and privacy?

Question 4

Name three types of records or documents that may be requested by the person.

3C

Reflect on actions in accordance with policies and procedures

All community services organisations must have processes for reviewing and evaluating the services they provide.

When responding to incidences of abuse and neglect, you must always work within your scope of practice and only provide services for the job you are employed to do.

The following table summarises outcomes and what should be achieved when identifying and reporting abuse.

Support provided	Outcomes for person
Recognise indications of abuse, neglect or exploitation	Questions to reflect on: <ul style="list-style-type: none">• Did you recognise the signs of abuse, neglect or exploitation?• Do you know what the baseline is for the person from their individualised plan?• Was your concern documented and reported to your supervisor?
Document concerns and report to supervisor	Questions to reflect on: <ul style="list-style-type: none">• Did you know who you were obliged to report to?• Was your documentation completed in a timely manner?• Did you meet your duty of care to the person?
Support the person experiencing abuse, neglect and exploitation	Questions to reflect on: <ul style="list-style-type: none">• Were you able to link or refer the person for further help as needed?• Did you work within your scope of practice?• Did you feel confident in providing reassurance to the person?• Were the person's human rights respected?• Did you maintain confidentiality at all times?
Complete documentation and reporting to external agencies	Questions to reflect on: <ul style="list-style-type: none">• Are you informed and knowledgeable about reporting procedures in your industry?• Was your documentation and reporting completed accurately, in a timely manner, and was objectivity maintained?• Was the documentation stored in a manner to maintain privacy and confidentiality?



Reflective practice

Reflective practice

The process of thinking deeply about a particular subject, considering past experiences and learning from them.

Reflective practice is when you consider a particular experience at work, reflect on your actions, any lessons you learnt, and develop an action plan for what you will do differently next time.

When reflecting on your practice, you should start from the beginning of the experience and work your way through to the end. This creates a cycle that you will repeat and that becomes part of a systemic review process, allowing you to make links from one experience to the next.

Your methods for reflective practice may include:

- keeping a reflective journal where you can document ideas, feelings, observations and actions
- meeting with peer groups to learn and reflect together on work related issues, share journal ideas and form a collective reflective practice
- organisational reflection by working as a team, this could be with or without the support of your supervisor.

Discussed below are the four types of reflection that are used in reflective practice.

Type of reflection	Description
Reflection in action	This reflection is done while you are providing support. It is taking note of your thinking and actions as they are occurring and learning to make immediate adjustments as the process is happening.
Reflection on action	This reflection is looking back on and learning from your experience or actions after providing the support.
Reflection for action	This involves using both the above-named reflections and is a more proactive action. It looks at practices of your workplace and how they can be changed for future individuals requiring support.
Reflection within	This could be compared to self-reflection, where you look at your personal intentions and feelings.

Video: Reflective writing

Watch this video to learn some skills for reflective writing:
aspirelr.link/yt-reflective-writing

Can you think of a time in your life that it would have been beneficial for you to reflect in writing?





Reflecting on actions during support

Seeking clarification on outcomes

When clarifying information, it can be helpful to have set questions to follow so you get a consistent outcome across all support provided.

Questions might include:

- “Do you understand what I am telling you?”
- “Are you comfortable with this option?”
- “What else can I support you with?”
- “Do you need more time to think about this?”
- “I will contact you again at X time, is that okay?”

Reflecting on outcomes after support

Your organisation will have a formal process for obtaining feedback and reviewing outcomes after support, with set guidelines for you to follow. To ensure the support being provided is effective, all community services organisations must have a formal feedback system and a formal review method.

Formal feedback

You can improve your ability to reflect on outcomes by seeking feedback from your supervisor, colleagues and the person accessing the service. The following outlines some tips for requesting, receiving and accepting feedback.

Request and Receive feedback	<ul style="list-style-type: none"> • Be clear about what you are seeking feedback on so the person giving feedback can carefully consider your work in this area. • Listen carefully to what is said. • Be courteous to the feedback provider. • Accept the feedback without interruptions or protests. • Ask for clarification or examples if you are not sure you understand what they are saying. • Think about how you can apply the feedback you have been given.
Accept and reflect on feedback	<ul style="list-style-type: none"> • Accept feedback in an open and non-defensive way, as this shows you are willing to reflect on and improve your practice as needed. • Feedback should be constructive and given in a sensitive and courteous manner. • You should be given an opportunity to ask questions and follow up with the person providing feedback once you have had time to reflect on their comments.

Formal review

Formal reviews are generally a scheduled process where you can reflect on the outcome of the support provided after an event has occurred. It might be a process looking at individual clients on an individual basis or as a collective process for groups of clients.

There are times the person may be involved but generally this will be a process between you, your colleagues and your supervisors. It may happen monthly or at other regular intervals through the year. By participating in formal reviews, you can set up good practices for organisational reflection and workplace improvement, which will result in providing more effective support and outcomes for your clients.

The formal review process may involve:

- looking at what the projected outcomes were for your clients and discussing what was achieved
- discussing what feedback clients provided and reflecting on this
- brainstorming future solutions for clients
- identifying gaps for further staff training
- updating employee responsibilities
- setting the date for the next formal review.

Example

Reflect on outcomes during and after providing support

Juanita keeps a journal for reflecting on her daily practice at work and writes in the journal at the end of every day. She finds it helps her to think through particular incidents and identify areas of her work where she might improve her practice and provide better outcomes for her clients.

When she attends her regular supervision sessions, she brings her journal so she can describe specific experiences that she would like her supervisor or co-workers to comment on, or that she feels may help them if faced with a similar situation.



Practice Task 10

Question 1

Match each term about reflective practice to its description.

Reflection on action	Taking notes of actions as they are occurring and making immediate adjustments
Reflection in action	This reflection is looking back on and learning from your experience or actions after providing the support
Reflection within	Looking at practices of your workplace and how they can be changed for future individuals requiring support
Reflection for action	This could be compared to self-reflection, where you look at your personal intentions and feelings

Question 2

Name three ways you could request and receive feedback as part of your reflective practice.

3D

Provide input to continuous improvement

Continuous improvement is an ongoing effort to improve the quality of services and support being provided.

Organisations and workers must be prepared to continually review their practices to help ensure the person's needs are addressed and identified outcomes are achieved. This should be done according to organisational procedures and in consultation with a range of stakeholders.

In addition to improving support for people accessing the service, a focus on auditing and continuous improvement will help maintain the organisation's policies and procedures.

Continuous improvement

Continuous improvement requires organisations to have processes in place to evaluate their practices, seek feedback from stakeholders; such as workers, people accessing the service, their significant others and other service providers, and implement any necessary changes.

Most organisations have a plan for implementing continuous improvement that includes internal reviews and external audits. This provides evidence-based information to support the organisation to achieve its goals and outcomes, while adapting to the changing needs of its clients and the wider community.

The whole organisation must be part of the continuous improvement process if it is to be effective for a person who has experienced abuse, neglect or exploitation. The following table outlines some of the responsibilities expected of each stakeholder in this process.

Stakeholder	Role in continuous improvement
Clients and significant others	<ul style="list-style-type: none">• Giving constructive feedback• Making complaints as needed• Informing the organisation if they believe the person requires further support



Stakeholder	Role in continuous improvement
Employees/ workers	<ul style="list-style-type: none"> • Keeping up to date with industry standards and developments in the field, including the latest research on best practices • Reviewing and making changes to practices to improve effectiveness • Evaluating changes to practices • Following policies, procedures and guidelines • Attending training as provided • Reporting any improvements required
Organisation	<ul style="list-style-type: none"> • Obtaining feedback from stakeholders about practices • Monitoring outcomes by reviewing records and documentation • Ensuring staff have adequate opportunities for professional development and training • Having accessible feedback systems in place • Ensuring policies and procedures are up to date • Proactively identifying and managing risks
External service providers	<ul style="list-style-type: none"> • Giving feedback on clients' progress with external support • Providing options for how they can work together to improve client outcomes

Plan for continuous improvement

Having a plan for how you will ensure continuous improvement is vital to the success of your work role. A simple method for doing this involves having a performance rating scale and then a process for implementing changes. If your organisation does not have a plan in place, it would be valuable to discuss the opportunity to introduce one for future practice with your supervisor.

Performance rating scale

This is used to rate a level of achievement by the person in working towards or reaching their goals while you are providing support. Performance rating scales are commonly used as they are easy to implement and provide data based on how effective support has been.

Below is an example of a performance rating scale that could be used for identifying and reporting signs of abuse. You mark the result that matches each criterion to get the rating. Criteria should be based on a set of standards and goals you have previously set to meet the needs of the person and highlight where the need for continuous improvement is required.



Criteria for meeting the person's needs	Result
Met standard for person's needs	Clear evidence that performance meets or exceeds the needs of the person when identifying and reporting abuse
Partially met standards for person's needs	Clear evidence that performance meets some, but not all, of the needs of the person when identifying and reporting abuse
Not met	Clear evidence that performance does not meet the needs of the person when identifying and reporting abuse

Process for implementing change

After completing the performance rating scale, you should complete a step-by-step process for identifying areas for improvement and then make the changes required. The following table is an example of a process that could be used to implement and make changes.

Step 1	Use the set criteria to systematically review the performance of your organisation in relation to the support provided to individuals who are experiencing abuse, neglect or exploitation.
Step 2	Rate your performance using the rating scale above.
Step 3	If your organisation only partially meets or does not meet the criteria, then determine the action required.
Step 4	Develop a plan to make the required changes.
Step 5	Reassess your performance on a regular basis.

Continuous improvement register

This register is a live document which means that as improvements are identified, the register will be updated in real time to ensure it is always up to date. All continuous improvement issues or opportunities will be reported to your supervisor, and they will track it in this register.

The register should include:

- improvement/s identified
- the people required to help act
- action/s to be taken
- date of completion
- who is responsible for taking the action
- review date.



Example

Improving work practices

Geoff has been supporting his client Hasim through physical and emotional abuse. After reflecting on the outcomes after support was provided, Geoff felt that he could use this interaction as an opportunity for continuous improvement.

Geoff spoke with his supervisor and reflected on the support that had been provided to Hasim, and the timeframes of this support. Geoff realised that the indications of abuse could have been recognised earlier if Hasim had received more consistent support from the staff who supported him.

Using the continuous improvement register, Geoff was able to follow a systematic process for improving work practices so that signs of abuse might be recognised as early as possible. To ensure that people like Hasim would have all their needs met in the future, Geoff developed a plan of action to be followed, including who was to help with it and a date for completion.

Best practice

All organisations in community services should be aiming to meet what is known as best practice. Best practice is a working method or set of procedures that is accepted as being the best to use in a particular industry or service sector. In community services having a continuous improvement process, and carrying out regular internal reviews and external audits, forms part of best practice. This ensures that an organisation is meeting all relevant state and national legislation and requirements to give the best outcome for its clients.

Internal review practices

When reviewing work practices, you need to consider the person's outcomes and whether the practices you are using are adequately helping the person. For example, if a service is providing support to a number of people who have experienced abuse and neglect, but they are continually giving you feedback that they do not feel supported enough, you should review what support they are receiving and consider changing this or obtaining additional support.

Reviewing the person's outcomes benefits both the organisation and workers by determining whether:

- the practices they are using are meeting the person's needs and helping them achieve their desired outcomes



- there are any problems with the practices being used
- the person would benefit from a change in approach
- workers need more training in the practices they are using.

Organisations must have procedures in place to evaluate their own services and make any changes required to better meet the person’s needs. This will give the organisation a holistic view of compliance and ensure it is meeting all relevant government standards and guidelines.

Below are some further actions to implement when reviewing practices for continuous improvement.

<p>Obtain feedback from people who access the service</p>	<p>The people accessing the service will have different preferences about the kinds of strategies they prefer. Besides discussing practice issues and outcomes with the person, you may also use feedback forms to obtain information about how well the service is meeting their needs. Feedback forms are useful for gathering information from the person that they may not be willing to discuss directly with you.</p>
<p>Maintain documentation</p>	<p>You need to know what your role and responsibilities are and what reports you must make. For example, if you observe changes in a person’s behaviour, you need to document this in the person’s case notes so other team members know to monitor and report any changes they may notice. Remember you must securely lock paper files in filing cabinets and close computer-based records after every use.</p>
<p>Regularly update files and records</p>	<p>Always keep in mind that records you write may be used as evidence in court; for example, to settle a negligence claim. In addition, under freedom of information legislation, a person may request access to their files. Make sure what you write is fair, objective, accurate and up to date.</p>
<p>Have a system for incident reports</p>	<p>There will be legislative requirements for you to complete an incident report if you are involved in an incident that places you or others at risk of harm. Incident reports clearly document what has taken place and what actions you took in response.</p>
<p>Complete internal audits</p>	<p>Carrying out internal audits, and hiring an external auditor to complete them, allows the organisation to ensure they are meeting all relevant standards and legislations before they are externally audited. This should be part of the continuous improvement cycle adopted by any community services organisation.</p>



Example

Review practices for continuous improvement

Part of Anya's responsibilities as a supervisor at a large disability service provider is to regularly check procedures to ensure they are accessible and current. Anya allocates time at the end of each month to review and compare the existing procedures with her knowledge of the tasks performed by her team. When doing so one month, Anya notices that there is no reference to what to do if a person receiving support needs immediate support for being at risk of abuse, neglect or exploitation. She makes a note of the absence in the procedures and reports it to the manager the following Monday morning. The procedures are subsequently updated to include this requirement.

During a monthly continuous improvement meeting, Anya leads a discussion to discuss the updated procedure and to include this on the continuous improvement register. As a team they identify that several staff feel they do not have the knowledge or the training to support someone who is at risk of abuse, neglect or exploitation and who needs immediate support.

It is then decided to give all staff training on this updated procedure and to provide further ongoing support and training for identifying persons at risk of abuse. A date is set for this to be implemented and it is also added to the next month's meeting agenda for review, where Anya will raise the issue again and discuss whether work practices have improved.



Practice Task 11

Question 1

Match each stakeholder to their role in continuous improvement.

Clients and significant others	Have accessible feedback systems in place
Employees/workers	Give feedback on clients' progress with external support
Organisation	Inform the organisation if they believe the person requires further support
External service providers	Follow policies, procedures and guidelines

Question 2

Name three things that should be included in a continuous improvement register and explain why this type of register is important for effective continuous improvement.

Question 3

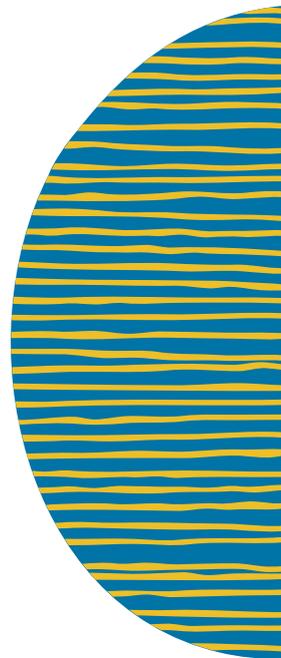
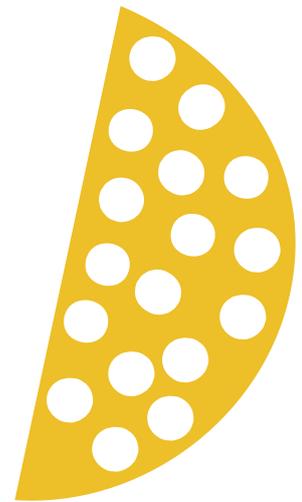
Which of the following statements about internal review practices are correct? Select yes or no for each one.

a. Having a system for incident reports will help you to ensure legislation requirements are met.	Yes / No
b. Having an internal audit can help prepare your organisation for an external audit.	Yes / No
c. The records you write cannot be used in court.	Yes / No
d. Feedback forms are a good way of gathering information from a person that they may not be willing to discuss directly with you.	Yes / No
e. Organisations should just make up their own rules as they go when reviewing practices.	Yes / No



Summary

- Documentation is a legal requirement that helps to provide high quality support and assistance.
- To be compliant, documentation should follow the principles of being accurate, objective, timely and person-centred.
- There can be implications for the person and their support when documentation is poor.
- Your organisation will have policies and procedures to guide all staff on how to manage suspected abuse.
- Each state and each sector have their own reporting systems.
- The maintenance and storage of documents should ensure that the privacy and confidentiality of the person is maintained.
- A person can request access to their own records should they need or want them.
- Always take time to reflect on the outcomes of your work, both while you are providing support and afterwards.
- Reflecting on the outcomes of your work helps you integrate knowledge and experience, which leads to better outcomes for people accessing the service.
- Organisations and workers must be prepared to continually review their practices to help ensure that a person's needs are addressed and they achieve identified outcomes. This should be done according to organisational procedures and in consultation with a range of stakeholders.
- Organisations should have a continuous improvement plan in place that is easy to follow and access so that it can be updated regularly.





Learning Checkpoint 3

Complete documentation and reporting

Part A

1. Match each term about documentation principles to its description.

Accurate	Only information that is seen, heard, witnessed or initiated should be included in the documents.
Objective	Documentation needs to be completed as soon as possible after an event or an incident.
Timely	The documentation is written all about the person and their needs and not about you.
Person-centred	The information that is written should be correct and error-free.

2. Which of the following are an employee’s role in continuous improvement? Tick all that apply.

- Following policies, procedures and guidelines
- Attending training as provided
- Reporting needs for improvement
- Keeping up to date with industry standards and developments in the field
- Obtaining feedback from stakeholders about practices

3. Name three methods that may be used in reflective practice when responding to incidents of abuse, neglect and exploitation.



4. Which of the following statements about reflecting on your own actions are correct? Select yes or no for each one.

a. Seeking immediate feedback from a person will confirm if you are providing them with the correct support.	Yes / No
b. By observing a person using non-verbal body language you can see if they appear to be engaged in the conversation.	Yes / No
c. Do not spend time trying to confirm that the person has understood you as this will only make things more confusing.	Yes / No
d. Reflective practice will have great benefits for your self-awareness.	Yes / No
e. Keeping a reflective journal is something only teenagers should do.	Yes / No

Part B

Read the case study and answer the questions that follow.

Case study

Nadia is a support worker who works in a supported residential service for vulnerable people ranging in age from 20 to 80 years old. Nadia enters Phillip's room today to find him still in bed with what appears to be bruising under his right eye. When questioned, Phillip states that he and one of the other residents had a disagreement last night and the other resident, Jimmy, ended up hitting him in the eye.

Nadia asks if his eye is sore, to which he replies it is not. She confirms that there are no other injuries.

Nadia realises she must report and document this immediately. Her documentation reads:

'On entering Phillip's room, I observed a small dark patch under his right eye. On discussion Phillip stated that Jimmy had hit him after an argument. I suspect that Phillip probably provoked Jimmy into hitting him. Phillip stated he has no other injuries and the eye is not sore but it looks very painful.'

Nadia then takes this report to her supervisor for immediate discussion.



1. If Phillip asked Nadia not to document what he had told her, would she still be obliged to document and report?

2. Identify two parts of Nadia’s documentation that are not objective and would be considered subjective.

3. If physical abuse is suspected, identify what the organisation’s next action must be.

4. Identify Nadia’s responsibility if Nadia’s manager does not act on her suspicions.



5. Name three ways Nadia could ensure the documentation she has written is kept confidential and private.

6. Name three things that Nadia has done correctly in relation to managing the situation with Phillip.

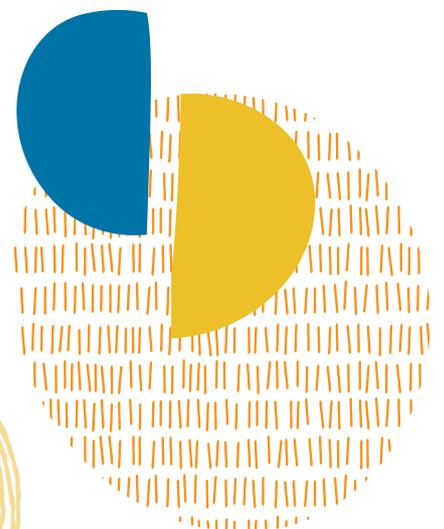
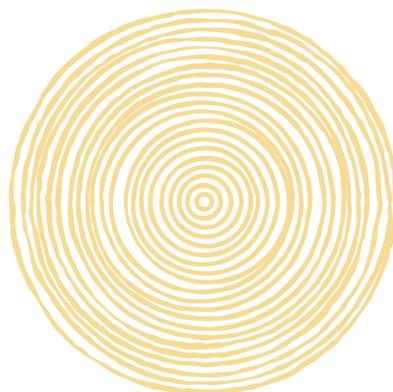
7. If Phillip wanted to read the documentation that has been written about him, would he be allowed to gain access? Justify your response.

8. Suggest how Phillip or his substitute decision-maker could request access to the records.



Topic 4: Manage the impacts of supporting people experiencing abuse, neglect and exploitation

- 4A Use self-reflection and debriefing to identify impacts to you
- 4B How to process physical, mental and emotional responses
- 4C When to seek external support
- 4D Identify strategies to protect your future wellbeing



4A

Use self-reflection and debriefing to identify impacts to you

Supporting people who are experiencing abuse, neglect and exploitation can have a variety of impacts on you.

Compassion fatigue, critical incident stress and burnout are relatively common in workers in community services. You must be able to recognise the signs and symptoms of these conditions and have strategies in place to address them. Your organisation should make sure you have adequate supervision and support and that there are opportunities for debriefing when required. They should also encourage you to access external networks and expertise for your personal support and wellbeing.

Identify workplace stressors

It can be confronting to witness the impacts of abuse, neglect and exploitation on the people that you are supporting.

An incident of abuse may involve a stressful event; such as police arriving, people being taken to hospital in an ambulance and people becoming frightened and upset. You may also have an emotional attachment to the person you are supporting and to imagine or witness that they have become a victim of abuse or neglect can be very distressing.

Being able to reflect on how certain things make you feel can make it easier for you to process emotions and responses. If you try to ignore your feelings, it is likely that the incidents will continue to have an adverse effect on you.

The most important thing to do when experiencing strong emotions is to recognise them. Everyone has their own reactions to stress. Some might find that they have trouble sleeping, some might find they eat more or eat less, while others might become short-tempered or distracted.

The following table contains some examples of possible physical, mental and emotional impacts from witnessing or being involved in an incident.



Impact	Signs and Symptoms
Physical	<ul style="list-style-type: none"> Physical symptoms such as aches, pains, nausea, diarrhoea and headaches Being unable to eat without feeling unwell Eating excessively and being unable to stop Feeling unusually tired, sleeping more than usual and wanting to go to bed earlier at night Lack of concentration
Mental	<p>Anxiety:</p> <ul style="list-style-type: none"> Not wanting to go back to work Panic attacks at the thought of going to work Fast heart rate and sweating Persistent fear and worry <p>Depression:</p> <ul style="list-style-type: none"> Personal sense of failure Increased sadness and feelings of hopelessness Withdrawing from family and friends Not enjoying activities that you normally enjoy Repeatedly going over thoughts and situations in your mind
Emotional	<ul style="list-style-type: none"> Feelings of powerlessness that you couldn't do more to help Anger at a client or family member for causing trauma or for not doing enough to help themselves Overwhelming feelings of needing to avoid further pain or distress Excessive worrying about the person or the incident Guilt that you did not identify the signs sooner

Recognise risks to self

In some industries, such as child protection and domestic violence services, being exposed to situations of abuse and neglect is an inevitable and common part of the work role.

All people receiving support services are vulnerable and therefore at an increased risk for abuse and neglect. Recognising the risk to yourself of working in this industry, and knowing how to identify your symptoms, may minimise the associated risks.

Risks associated with workplace stressors may include:

- compassion fatigue
- burnout
- critical incident stress
- post-traumatic stress disorder.
- vicarious traumatisation



Burnout

Emotional stress can lead to burnout in a variety of ‘helping’ or ‘caring’ jobs. Burnout and stress can be very closely linked.

Burnout

A state of emotional, physical and mental exhaustion caused by excessive and prolonged stress.

Burnout is a result of excessive and prolonged emotional, mental and physical exhaustion. Stress puts a lot of pressure on the body which can be manageable in the short term, but when the stress becomes constant it can cause you to burnout.

The signs of burnout in a support worker could include:

- feeling exhausted and unable to do basic tasks
- lacking in empathy
- losing passion
- experiencing conflict with co-workers or other clients
- unexplained headaches, stomach or bowel problems.

As the signs of burnout and complex grief are very similar, if you find yourself experiencing these symptoms you should speak with your supervisor or trusted health professional for further support.

For more information about burnout visit:

aspirelr.link/reachout-burnout

Compassion fatigue

Constant exposure to people experiencing stressful events, such as abuse and neglect, can leave you feeling exhausted and drained of the ability to feel **compassion** or empathy. This is known as compassion fatigue. Unlike burnout and vicarious traumatising, which develop gradually, the symptoms of compassion fatigue may appear quite suddenly. Compassion fatigue can impact you both professionally and personally.

Compassion

When you understand how someone else feels when they are sad, unhappy or in pain, and you are kind and sympathetic towards them.

Symptoms include:

- confusion
- irritability
- lack of enjoyment in life
- stress and anxiety
- hopelessness and negativity
- isolation
- exhaustion and dysfunction.

If affected you may feel unable to carry out your work effectively and have difficulties in your personal life, which may lead to feelings of incompetence and inadequacy. You may feel overwhelmed by a person’s problems and, when you are not able to achieve the desired outcomes for the person, you may experience a strong sense of disappointment, failure and responsibility. Recognising and addressing the symptoms of compassion fatigue early can promote a quick recovery.



Vicarious traumatisation

Vicarious traumatisation occurs if you are deeply affected by, and identify with, the trauma experienced by the person who has been the victim of abuse and neglect. Sometimes you may become so overwhelmed by what you hear that you develop feelings of fear, pain and horror associated with what the person has experienced. You may also experience intrusive thoughts and mental images, nightmares and emotional exhaustion.

Vicarious

Experienced through watching or listening to the activities of other people.

Signs and symptoms of vicarious traumatisation include:

- anxiety and unexplained fears
- difficulty sleeping
- intrusive thoughts and images
- feelings of numbness and disconnectedness
- being prone to accidents.

If vicarious traumatisation is not recognised and addressed early it may lead to depression, a sense of meaninglessness and purposelessness, and substance abuse.

Post-traumatic stress disorder

In some situations, where there is extreme trauma, such as working with victims of child abuse, **post-traumatic stress disorder, or PTSD**, can be the long-term result.

Post-traumatic stress disorder (PTSD) is the name given to a set of reactions that can develop in people who have been through a traumatic event. They may have experienced or observed an event that threatened their safety or their life, or that of others around them. With PTSD, the way an individual processes the event leads to feelings of overwhelming fear, helplessness or terror. They might experience long-term and chronic feelings of extreme anxiety, depression, and constant replaying of memories of trauma.

Post-traumatic stress disorder (PTSD)

A particular set of reactions that can develop in people who have been through a traumatic event.

Self-reflection to identify personal impacts

As explained earlier, **self-reflection** is a form of self-evaluation that involves asking yourself questions about the way you work and how you deal with particular issues. Self-reflection is a valuable skill to have when exploring the impact incidents of abuse, neglect or exploitation have had on you.

Self-reflection

The ability to observe and evaluate one's own thoughts, emotions and behaviours.

Self-reflection often involves asking yourself questions and documenting the answers you give. Some people find reflecting out loud works well while others prefer to be private. But, whatever methods of reflection work for you, ensure you do it regularly as this will help you get into the habit and you will be able to build on what you learn.

When asking questions, you may wish to document your answers in a reflective practice journal to look back at in the future. Building good habits while in a non-stressful situation can help prepare you for when you need to support a person through loss and grief.



Why and how to use the process of reflection

The process of reflection allows a person to recognise their own strengths and weaknesses when examining their reactions to incidents of abuse, neglect and exploitation. This process helps them to develop knowledge and learning, as well as process their personal responses.

One process of reflecting is through using the Gibbs' reflective cycle, developed to give structure to help people learn from experiences.

This can be used on your own or in a group debrief situation where you can work with your team to collaborate and reflect together.



Description	This is where you describe the incident in detail. Ask yourself questions such as: <ul style="list-style-type: none">• "What happened?"• "When and where did it happen?"• "What did I do, what did other people do?"• "What was the outcome of the situation?"
Feelings	Explore any feelings or thoughts that you had during the experience and how they impacted the experience or yourself. This part can be beneficial for identifying your own workplace stressors.



<p>Evaluation</p>	<p>Here you can get the chance to evaluate what worked and what did not work in the situation.</p> <p>Focus on both the positive and negative aspects of the situation.</p> <p>Questions could include:</p> <ul style="list-style-type: none"> • “What went well?” • “What did not go so well?”
<p>Analysis</p>	<p>This step is where you have the chance to make sense of what happened. You may ask yourself what sense you can make of the situation, or what knowledge you need to help understand the situation.</p>
<p>Conclusion</p>	<p>This is where you make a conclusion about what happened. You can summarise:</p> <ul style="list-style-type: none"> • “What did I learn from the situation?” • “What is the action plan?” • “What else could I have done?”
<p>Action Plan</p>	<p>Make an action plan for what you can do differently next time, if you are in a similar situation.</p> <p>This may include:</p> <ul style="list-style-type: none"> • future training and support from your organisation • filling in gaps that you have identified.

What makes for meaningful reflection?

Meaningful reflection is the process of reflecting on your own reflection. You do not just complete a reflection of the event and the impacts that you may have experienced and end there. Instead, you continue by coming back and reflecting again on how you went through the process and how the incident has impacted you.

Being aware of, or considering, your thought processes will allow you to develop and grow in your role. You can do this by:

- practicing reflection either in a group or on your own
- using reflection in action to see if goals have been met
- being consistent and responsive in your reflections. By starting the self-reflective process as early as possible you can be less impacted by the event.

Supervisor debriefing

Supervision and debriefing are techniques used to reduce the impacts from supporting people experiencing abuse, neglect and exploitation.

Working in an emotionally stressful environment where you are supporting people who have experienced abuse, neglect and exploitation can lead you to experience stress-related conditions. These can negatively affect your ability to carry out your work effectively and enjoy life outside of work.

When you know and reflect on how certain things make you feel, it can be easier to recognise when you are in a highly stressful situation and need to employ methods to minimise the risk to yourself. Implementing self-care strategies and seeking support when needed is also helpful for people working in areas where they experience high levels of grief and loss.

Access to appropriate supervision and debriefing is essential when supporting people. Your organisation should have strategies in place to allow you to access supervision and debriefing when necessary. This helps ensure that you and the organisation can meet duty-of-care obligations to people accessing services and ensures you are aware of appropriate self-care strategies. If the current strategies are inadequate, you should raise the matter with your supervisor and, where possible, participate in developing appropriate policies and procedures.

You can also ask for these types of support any time you feel they are needed, either for yourself or for other workers.

Seeking supervision

Supervision is a shared responsibility between the employee and the supervisor and it is important to be aware of the need to seek guidance and support through supervision. You should never feel that you need to know everything or that you are in some way inadequate because you need to ask for support or advice. Supervisors can best provide support and help when you tell them what you are experiencing and the difficulties you are dealing with.

Effective supervision helps you to:

- carry out your work effectively
- learn from advice and support
- meet your legal, ethical and workplace obligations
- achieve better outcomes for the person and significant others
- maintain adequate self-care.

It has also been recognised that effective supervision will foster resilience and reduce the risk of burnout.



The type of supervision that you would benefit from will depend on why you need it. The following describes different types of supervision in the workplace and when you might be likely to seek them.

Type of supervision	Description	Examples
Peer support	Two or more workers team up regularly to spend time together reflecting on practice and helping develop each other's professional skills.	Two colleagues, Manu and Becky, were in a staff debriefing after supporting a person who had experienced sexual abuse. They realised they had been experiencing similar thoughts and feelings since the incident. They were able to share phone numbers and arranged to meet for coffee to provide each other some support.
Clinical supervision	Clinical supervision is common practice in certain areas of professional practice, including mental health work, case management and child protection. A less experienced worker receives ongoing support from a colleague trained in clinical supervision. Together, they help to build the knowledge, skills and coping strategies of the less experienced worker.	Jake was present when his client Sarah was taken to hospital after being physically abused by her husband. As Jake was receiving clinical supervision, he was given immediate support in: <ul style="list-style-type: none"> • the stresses and reactions of loss • where to seek counselling • how to write effective notes of the event • boundaries he must maintain.
Supervisory support	Workers at all levels should expect to receive unconditional support from a supervisor to oversee their work practice, provide help with questions or concerns, and assess performance during regular informal observation and formal reviews.	When Ginny's young client passed away from neglect her supervisor was able to recognise the signs of grief in her. The supervisor arranged an informal meeting with Ginny. Ginny opened up about her grief and the supervisor was able to suggest Ginny seek some counselling from the employee assistance program and refer her to a counsellor.

Peer support
People sharing knowledge, experience, feelings and practical help to support each other.



Type of supervision	Description	Examples
Mentoring	A mentor is someone who teaches, helps you grow your skills and gain new perspectives on your life and career. This gives you access to someone with more experience than you who is willing to help you problem solve.	Brandon was starting to question whether working with people experiencing homelessness was the right job for him. He loved his job but found it a bit overwhelming and distressing. He sought the advice of a more experienced worker in his workplace who spent time guiding him into gaining extra qualifications so he could also start working in the disability sector.

Old models of hierarchical work relationships, where the supervisor gave instructions and the worker followed blindly, tend not to work as effectively today. We know that everyone can benefit when a supervisor:

- encourages joint discussion about the workload and the worker's abilities
- helps the worker to accept feedback non-defensively, so that growth can occur
- takes feedback on non-defensively themselves
- provides confidential and ongoing support
- provides ongoing opportunities for learning and professional development
- encourages workers to be open about mistakes, concerns and problems so that they can be discussed together.

Accessing appropriate debriefing

Debriefing

Asking a series of questions in a structured way immediately following an exercise or event that looks to review or evaluate the actions taken.

Timely **debriefing** and counselling after experiencing loss and grief can help you and your colleagues make sense of and deal with your feelings. Debriefing aims to reduce the possibility of ongoing psychological stress or harm and should always be conducted in a manner that is supportive and allows you to feel psychologically and emotionally safe.

A typical debriefing session involves a supervisor or other experienced person having a semi-structured conversation with you about a stressful or traumatic event that you have experienced. The person conducting the debriefing session is there to listen and acknowledge your experience, and help you examine your reactions to the event or incident. They also provide information to help normalise your reactions and to inform you about possible longer-term impacts and reactions.



Situations where debriefing might be needed include when you:

- have witnessed or heard about a traumatic event as part of your work
- have been personally involved in a stressful situation at work
- feel overwhelmed by a person's emotions or reactions to being neglected or abused
- feel that you are not coping or working productively after exposure to an incident of abuse.

Most organisations have policies and guidelines that include formal and informal debriefings

for workers. A timely debriefing can assist in stabilising a workplace and ensures anyone requiring support receives the assistance they need.

Debriefing aims to:

- acknowledge what you have experienced
- encourage you to fully express reactions to and feelings about the stressful event or incident
- allow you to integrate your experience by talking about it and gaining clarity
- normalise your reactions to the event
- provide information and prepare you for future reactions
- identify further sources of assistance, if necessary.

Structure of a formal workplace debriefing

It is best practice to hold a debriefing as soon as possible after the incident, and within 72 hours. Debriefing can be undertaken by a supervisor especially trained in debriefing techniques, or by a trained external psychologist. An external debriefing facilitator is the preferred option because they bring skills that only highly trained mental health professionals can offer.

The process will generally follow these steps:

- The group is provided with reassurance that the meeting is not being recorded or documented and will not be used to assess or scrutinise individual staff member's reactions. Group members are reminded that any comments or concerns that are raised by others at the meeting must not be shared outside the meeting.
- Each group member is invited but not obligated to share their responses to the event. This helps the people involved in the incident to understand the universal emotions, and that they are commonly shared with others.



- The response to the incident is discussed in terms of what worked well and what could have been done better. This part of the process is not about blame but aims to prevent the same mistakes happening again. Staff are invited to share suggestions for better work practices, policies, support or resources.
- A positive way forward is shared and discussed. Coping strategies are confirmed and organised for each individual. Workers are provided with information about where to get ongoing support including counselling, psychology, or phone or online help.

The discussion or outcome included in a workplace debriefing is not reported, documented or recorded. This protects the privacy of workers and encourages them to open up without fear of reprisal.

Debriefing and self-care

The purpose of debriefing is to provide immediate support to you when dealing with emotional stress. Unlike supervision, debriefing is less concerned with helping you learn from an experience but with relieving your immediate reaction to the experience. If you do not have an opportunity to debrief after a stressful incident, you may experience a negative impact on your health and wellbeing.

A good debriefing session should encourage you to examine your feelings and reactions to an event and provide information about how you can care for yourself and seek additional support if necessary.

If you do not receive an effective debrief you can have a flow-on effect from your emotional health to your physical wellbeing. You may experience:

- difficulty coping with the demands of your work
- loss of confidence and self-esteem
- stress-related problems that may impact your wellbeing and ability to carry out your work
- difficulty focusing on a person's needs
- breaking confidentiality by talking about an incident outside work; this is known as indiscriminate debriefing
- burnout, vicarious traumatisation and compassion fatigue
- loss of interest in your work.



Example

Debriefing after an incident

Abdul works for an organisation where they support and train young people to gain skills needed to enter the workforce. Last week Abdul witnessed his young client, Jarrod, being punched in the head by his father. Once the full story came out about Jarrod's long-term horrific abuse at home, all of the workers who had worked with Jarrod were invited to attend a workplace debriefing.

The debriefing was run by a professional counsellor who was external to the workplace. Each group member was invited to share their reaction to hearing about Jarrod's situation. All staff were invited to share suggestions for better work practices, policies, support or resources.

Coping strategies were confirmed and mobilised for each individual. Workers were provided with information about where to get ongoing support including counselling, psychologist appointments, or phone or online help.

Abdul walked out of the debriefing feeling that he now had people he could talk to about what he had witnessed and that he could reflect with the other workers on the impacts this had on all of them.

Practice Task 12

Question 1

Name three physical signs and symptoms you may see in yourself if you are impacted by workplace stress.



Question 2

Which of the following are risks associated with workplace stressors? Tick all that apply.

- Vicarious traumatisation
- Burnout
- Increased motivation
- Compassion fatigue
- Feeling energised

Question 3

Number each step from 1 to 6 in the order you would follow to reflect using Gibbs' reflective cycle.

	Evaluation
	Description
	Action plan
	Analysis
	Conclusion
	Feelings

Question 4

Name three situations where debriefing may need to occur.



Question 5

Match each type of supervision to its description.

Mentoring	Two or more workers team up regularly to spend time together reflecting on practice.
Supervisory support	A less experienced worker receives ongoing support from a colleague trained in clinical supervision.
Peer support	A supervisor oversees the worker's practice, provides help with questions or concerns, and assesses performance.
Clinical supervision	Someone with more experience than you who is willing to help you problem solve.

Question 6

Which of the following describe the aims of debriefing? Tick all that apply.

- To encourage you to fully express reactions to and feelings about the stressful event or incident
- To make you truly understand how difficult your job is
- To allow you to integrate your experience by talking about it and gaining clarity
- To normalise your reactions to the event
- To provide information and prepare you for future reactions

4B

How to process physical, mental and emotional responses

If you are overwhelmed by sadness, anger, distress, stress or depression stemming from your work role, your service will have policies and procedures to help you manage.

This is part of health and safety legislation in all states and territories in Australia.

It is the responsibility of both you and your employer to manage the impacts of workplace stressors when supporting a person who is experiencing abuse and neglect. You must adopt self-care strategies to maintain your own health and wellbeing and your organisation should have policies and guidelines in place to ensure you are supported.

Responding to workplace stressors

There may have been a lot of distress and anger in a support worker's environment, especially when abuse and neglect of the person is involved. The impacts of supporting a person through abuse and neglect may leave you feeling anxious, unable to sleep and worrying excessively about the person.

Workers need to maintain a steady, professional manner and display understanding, warmth and empathy towards others. As there is often little time at work to talk about feelings with others, stress levels for workers can run high and they should be careful to look after their own health and wellbeing.

Recognise your reactions

The skills you use to manage your emotions and reactions are part of a bigger group of emotional skills called emotional intelligence. Below are some of the skills you can practice to help build your own emotional intelligence and awareness. Developing these skills can take time.

Emotional awareness	The skill of trying to notice and identify the emotion we are feeling. You can name the emotion out loud to take charge of your emotions and take responsibility for your feelings.
Understand and accept	Knowing why we feel the way we do can help understanding of why you reacted in a certain way to a situation. For example, your client was neglected by their family and this is why you are feeling sad. This helps us accept our emotions.



Manage	Once you are aware of your emotions you can begin to manage them and try to keep disruptive emotions under control. This is part of self-regulation.
Develop	Practice these skills in a non-threatening and safe environment. Then, when you do experience stress you will have developed skills to find ways to recognise your own reactions and respond appropriately.

Video: You've got this

Watch this video to remember that time helps healing and there is support available: aspirelr.link/yt-youve-got-this

Is it really as easy as saying, "With time this feeling will pass"? Discuss why sometimes more is needed than just words.



Appropriate techniques for coping with workplace stressors

Understanding some strategies to manage workplace stress can improve your coping ability.

The following lists some common reactions to stress and provides some coping strategies.

Reaction to stress	Coping strategies
Crying	<ul style="list-style-type: none"> Other team members, the person, their family members and carers may be personally affected and this will impact the calming, supportive environment that should be provided by the care team. Discuss your feelings with your supervisor or another experienced person. Seek support through your organisation, external organisations or support groups.
Poor concentration	<ul style="list-style-type: none"> You are unable to complete the tasks your team members are relying on you to do. Your team should allow you time. This includes permission to cry, allowing you to be angry, and offering space to discuss how you feel.
Fear	<ul style="list-style-type: none"> You are unable to provide the support necessary to other team members, the person, their family members and carers. Having a colleague, mentor or assistant to help workers through difficult times is important. They should be available at all times, even after work hours, in case the worker needs to talk.



Reactions to stress	Coping strategies
Anger	<ul style="list-style-type: none"> You may take your anger out on other people by swearing, crying or yelling, which creates an unpleasant and upsetting environment. Access support from team members. Speak with a trusted supervisor or access peer support.
Lack of communication and rapport	<ul style="list-style-type: none"> If you isolate your emotions and withdraw from people who access the service in the future, this may result in a lower quality of care and prevent effective care for other people accessing the services. Seek support from your team and organisation such as by having a debriefing session. Also seek support from counsellors, therapists, psychologists or social workers.
Low appetite	<ul style="list-style-type: none"> Make yourself a smoothie and sip it slowly Make your favourite meal Eat smaller meals more often Meet a friend for a meal
Repeatedly going over thoughts	<ul style="list-style-type: none"> Write your thoughts down in a reflective journal and share this journal with a trusted person or a counsellor. This can help you see the common themes in your thoughts and what you need to focus on in your discussions with others.
Not wanting to go back to work	<ul style="list-style-type: none"> Ask to be rostered on with a work friend for your first few shifts back at work. Seek alternate areas to work in for a while to give you a change of scenery.

Monitor health and wellbeing

Work can make you feel good about yourself and gives you a sense of purpose. However, added stressors in the workplace can start to impact your physical, mental and emotional health.

It is important you manage the impact of workplace stressors and monitor your own wellbeing. Maintaining our wellbeing helps us overcome future challenges, build healthy relationships and provide the best possible outcomes for the people that we support.

The table below offers some more strategies for dealing with ongoing stress in the workplace.



Talk	Discuss your feelings with your supervisor or another experienced person. Talk to other staff members who understand how you feel. Make an appointment with a counsellor through an employee assistance program. Speak to a religious or cultural leader, or other community contact, but keep in mind the confidentiality of the person and their family.
Detach	If you find yourself at home thinking about work in a way that is upsetting or distressing, it is important to try to switch off these feelings. It does not make you a bad person to want to have your own life outside of work. You and your family deserve to have the best you, and the problems of clients and families at work are not your personal problems.
Exercise	Exercise is known to help reduce anxiety and depression and lift mood. Find an exercise routine that you enjoy and that suits your needs and abilities.
Rest and recharge	Get enough rest and sleep. Eat a healthy diet if you can and allow yourself time to do things that you enjoy. Talk to your manager about taking time off work if you have experienced a traumatic situation.
Meditation and mindfulness	These activities can help you to learn to refocus and to be present in your own life. There are many options in the community, online or via self-guided apps for you to take part in these types of self-help.
See your GP	If you are struggling with stress or other emotions, you might prefer to see your GP. They can help you work through your feelings and help you access government funding for subsidised visits to a registered psychologist.

Example

Monitoring personal health and wellbeing

Zi Han loved working at the aged care home but found that some weeks she hardly had any time to do anything apart from work, eat and sleep. She also found she was becoming increasingly sad after the deaths of four residents who she loved working with. She started to recognise that she was not sleeping well, had put on weight and had hardly seen her friends.

Zi Han decided to take control of the situation and set herself a wellbeing timetable. This included:

- walking three times a week with her neighbour
- planning her meals at the beginning of the week so she could stop buying takeaway food



- making time to start reading books again
- booking an outing with friends at least every fortnight.

After just one month, Zi Han could feel the difference. She was feeling happier and more energetic in her personal life and in her work.

Protective self-care

Remember to look after yourself at home and in the workplace in an ongoing manner. Try to stick to daily or weekly mental and physical fitness routines that make you feel healthy and mentally prepared.

Here are some examples of ongoing self-care.

When	Examples of self-care
At work	<ul style="list-style-type: none"> • Take a break following a particularly difficult client interaction, to help you to gather yourself and wind down. • Talk to colleagues about how you feel during particularly stressful workdays, and offer support to each other.
After work	<ul style="list-style-type: none"> • Have a routine that helps you to switch off from work, such as taking a shower and changing your clothes when you first arrive home. This ritual can help you recognise you are in a new environment and have washed off the worries of the day.
Outside work	<ul style="list-style-type: none"> • Add regular de-stress activities into your day. This might include a walk or run, a coffee with friends at the end of the day or week, meditation or mindfulness, exercise classes or a hobby you enjoy. • Pamper yourself by doing something nice for yourself regularly. This can be positive self-talk, treating yourself to a movie or a self-care treatment such as a massage, relaxing with a book or doing something else that you enjoy.

Taking a break

Sometimes, if all techniques and strategies have been explored and you are still feeling the impacts of stress in the workplace, then it may be time for you to take a break.



This could be in the form of:

- working less hours if your finances allow it
- taking a holiday
- booking in time in the future to take a longer break
- requesting time away from your usual work area and moving to another, if possible.

You are not neglecting your responsibilities by taking a break, rather you are taking care of yourself so that you will have the stamina to return and be the best version of yourself. Learning the signs that show you need a break will allow you to schedule some time away to look after your health and wellbeing.

Even a short break from your work, such as having a few days off, should allow you to switch off from all responsibilities including turning off your laptop and any work-related notifications on your phone. This break gives your mind time to focus on other thoughts and heal from the stress you have been experiencing.

Example

Taking a break

Monica realised it had been over 18 months since she had taken a break from work. With recent staff shortages, and needing the extra money, she had not even considered taking time off.

Monica recently was involved in identifying and reporting the suspected abuse of a child whose home she went to on a weekly basis. She was starting to find it very hard to get up in the morning and was wishing she didn't have to go to work.

Her manager approached her as they had realised she appeared tired and in need of a break. They suggested she take some of her paid annual leave to have a break. When Monica returned she was given the option to change roles for a while and work in the day centre to give her a break from support work. Monica felt instant relief from being offered these options and thanked her manager for being so supportive.



Practice Task 13

Question 1

Match each term about recognising your reactions to its description.

Develop	The skill of trying to notice and identify the emotion we are feeling.
Understand and accept	Learning to manage your emotions and keep disruptive ones under control.
Manage	Developing skills when in a non-threatening situation that you can use if you experience stress again.
Emotional awareness	Knowing why we feel the way we do can help understanding of why you reacted in a certain way to a situation.

Question 2

Which of the following are ways you can support your own health and wellbeing?

Tick all that apply.

- Talking with friends
- Having a regular exercise routine
- Having a glass of wine after work
- Keeping yourself very busy
- Practicing meditation

Question 3

What are the benefits of taking a break from work after a stressful event or incident?

**Question 4**

Which of the following statements about responding to workplace stressors are correct? Select yes or no for each one.

a. Your workplace will have policies and procedures to help you manage your stress levels.	Yes / No
b. The skills you use to manage your emotions and reactions is part of your emotional intelligence.	Yes / No
c. If you have poor concentration at work after a stressful incident then it is likely you are working in the wrong job role.	Yes / No
d. Not wanting to go back to work is not a sign of stress but a sign of a poor work ethic.	Yes / No
e. Taking a break from work is a sign that you are neglecting your responsibilities.	Yes / No

4C

When to seek external support

Your workplace will have policies and procedures to ensure you receive the support you need if you are impacted by supporting a person who has been abused or neglected.

It is the responsibility of your workplace to manage and minimise the risk to you by:

- understanding the associated risks
- ensuring resources and processes are in place to do this
- responding in a timely manner if a staff member is deemed at risk.

Professional counselling

Professional counselling can provide guidance and help people navigate through the stressors and challenges of life. Depending on the role of the particular counsellor you see, you will receive help to achieve good mental health, wellbeing, physical wellness, education and strategies for managing the impact of stress, and medication if required.

Like many mental health aspects, for a long time there was a stigma attached to seeing a counsellor. Now, however, the barriers of seeing an external professional to create better wellbeing have begun to diminish. Additionally, it is now possible to see a professional over video call or by talking on the telephone, as well as in person, making it more accessible and attractive for everyone.

The following describes in more detail the roles of different professional counsellors within Australia.

Psychologist	Psychologists are experts in human behaviours and can help people change the way they think, feel, behave and act. They study the brain, memory, learning and processes around human development.
Psychiatrist	Psychiatrists are specialised medical doctors who assesses and treat people with mental health problems. They are highly trained and are able to give a comprehensive assessment and diagnosis. They then develop an appropriate treatment plan which may include psychotherapy and medication.
Professional counsellor	Counsellors help people who are facing problems such as stress, domestic violence and workplace stressors. They can also support people with mental illnesses such as depression and anxiety.
Mental health social worker	They deliver clinical social work services in mental health settings and utilise a range of evidence-based strategies. They provide a holistic approach to support when working with the person.



Support from your workplace

Here are some supports an organisation can provide its staff when they are working with people who have been abused or neglected.

Early intervention	Have plans in place to recognise and minimise harm when a worker is at risk of high stress levels and act before it becomes out of control.
Support their staff	If a worker goes to their supervisor or manager for support, they will be treated with respect and taken seriously. Their concerns will be acted on in a timely manner.
Provide training	Staff will receive regular training to manage the impacts of abuse. They will learn self-care and coping strategies, as well as having a plan for who to go to for support.
Supervision	Workers are adequately supervised and are encouraged to talk to their supervisor if experiencing symptoms of stress or trauma associated with their work.
Debrief	Debriefing sessions should be arranged in which everyone is encouraged to talk about the impacts of situations they have experienced.
Return to work program	If the employee is returning to work after significant time away due to workplace stress, then a return-to-work program should be implemented. This will ensure they are supported to have a successful return to work.

For more information about how organisations can manage someone who needs support, visit: aspirelr.link/hu-managing-mental-health

External support services

External networks and experts can provide additional support and resources to organisations and workers to help manage risks associated with stress-related disorders and the impacts of supporting people who have experienced abuse and neglect.

There are a number of professional support services your organisation can suggest or you can personally approach, for example, professional counsellors or religious ministers. The services available will vary on whether there is a cost involved, how accessible they are to you or if you need a referral. If you need support in accessing them you should speak to your supervisor or manager.

The following sections outline some of the external support services available.



Employee assistance programs

Employee assistance programs (EAPs) are work-based intervention programs designed to enhance the emotional, mental and general psychological wellbeing of all employees and their immediate family members. They can provide professional assistance for personal or work-related issues. These programs are funded, so are low cost or free for you to use. Ask your supervisor for help or check your service handbook for details of how to contact them. The service is confidential, so anything you discuss will not be disclosed to your manager or workplace.

Talking to your doctor

Your GP is a good place to start when you are feeling signs of stress. You can visit in person or via a telehealth appointment by phone or video. Doctors can then provide treatment or refer you to other mental health services. You may also need a mental health treatment plan which will offer you partially funded or low-cost counselling services as needed.

For more information about talking to your doctor about your mental health, visit:

aspirelr.link/hd-gp-mental-health

For more information about a mental health treatment plan, visit:

aspirelr.link/hd-mental-health-treatment-plan

Contacting Beyond Blue

Beyond Blue provide information and support, available to everyone in Australia, to help people achieve their best possible mental health. One of their main aims is to make it easier for everyone to seek and receive the help they need, as well as provide education.

For more information about Beyond Blue, visit: aspirelr.link/beyond-blue-home

Connecting with This Way Up

This Way Up is a website offering research-tested online programs for treatment and prevention of anxiety and depressive disorders. They provide guided courses, worldwide, with a prescription from your GP or mental health professional, that may have a low or no fee.

For more information about online courses with This Way Up visit:

aspirelr.link/twu-programs



Example

Recognise and minimise risks to yourself

Jackson works with homeless people and finds that almost every person he comes into contact with has a story of loss, grief or trauma. He has seen many of his colleagues experience burnout and other stress-related disorders so he is very aware of the need to recognise and manage risks associated with his work. He makes sure that he looks after his own health by eating well, exercising, getting enough rest and keeping interested in activities outside work.

He is also aware of the strategies that his organisation has in place for helping workers manage stress. These include regular team meetings with his supervisor and co-workers to discuss problems, training about preventing conditions such as burnout, compassion fatigue and vicarious trauma, and opportunities to debrief and discuss stressful incidents with a workplace counsellor. During meetings they also discuss workplace procedures, emphasising the need to provide support to co-workers, and opportunities to participate in networks and communities of practice.

Jackson feels confident that he can recognise the signs and symptoms of stress-related disorders in himself and others and that he knows what to do to obtain help from his organisation and from external sources of support.

Practice Task 14

Question 1

Which of the following actions should you take if you feel overcome by feelings and need support? Tick all that apply.

- Talk to your supervisor about how you feel.
- Keep your feelings to yourself; you need to remain professional at work.
- Talk about your emotions with the family members of the people you support as they should be able to relate to the way you are feeling.
- Discuss what internal support options are available, which may include counselling through an employee assistance program (EAP).
- Talk to your GP.



Question 2

List three ways a professional counsellor can provide support to you in times of stress.

Question 3

Provide three external services that you could contact if you needed additional support in times of stress.

Question 4

Match each term about supports provided in the workplace to its description.

Early intervention
Debrief session
Return to work program
Provide training

Sessions in which everyone is encouraged to talk about the impacts of working with people experiencing abuse.
This will ensure that the worker is supported and managed to facilitate a successful return to work.
Staff will receive regular training on managing impacts of abuse where they will learn self-care and coping strategies.
This involves having plans in place to recognise when a person is at risk of high stress levels and act before it becomes out of control.

4D

Identify strategies to protect your future wellbeing

Your personal wellbeing is fundamental to your health and overall happiness.

Protecting your wellbeing through personal response strategies such as building resilience will enable you to overcome difficulties and help you achieve life goals.

Working in the community services industry can bring lots of positive and happy moments but it also has the potential for stressful and serious impacts. The main reason for this is that you are working with real people who are vulnerable, need your support and often come with past histories that include abuse, neglect or exploitation. To future-proof your wellbeing in this industry, you must identify what strategies you will use going forward to manage stressful situations and protect your own wellbeing.

Use self-reflection to identify personal response strategies

As discussed previously, self-reflection is a form of self-evaluation that involves asking yourself questions about the way you work and how you deal with particular issues. Self-reflection is a valuable skill to have when examining your actions in response to incidents of abuse, neglect or exploitation.

Self-reflection can help you to understand yourself better, identify and regulate your emotions. It gives you the ability to be aware of yourself.

Many of our habits and patterns of behaviour are buried in our subconscious, directing the ways we instinctively react when faced with a situation. For example, when someone cuts you off in traffic while driving your first response, your programming, might be to shout at them; or when you are at work and you get asked to do something extra when you are already very busy, you may feel frustrated or angry. If we want to take control of how we respond then we need to look beyond our conscious mind and change some of our programming.

One way to access the subconscious mind is through self-reflection and mindfulness.

Practicing mindfulness

We are all busy and often distracted by our phones, family, work and home life. Therefore, it is important to have the ability to clear your mind before you try and self-reflect. The following table explains some steps to practice mindfulness and self-reflection.



Steps for self-reflection	Description
Begin with a mindfulness activity	<p>Mindfulness helps you to focus your awareness on the present moment. It is a kind of thinking that engages you with the world around you.</p> <p>This can include:</p> <ul style="list-style-type: none">• slowing down and paying attention to touch, sounds, sight, smell and taste• living in the moment and finding joy in simple pleasures• accepting yourself• focusing on your breath as it moves in and out of your body• meditating.
Choose a particular issue you want to change or explore	<p>Try to stick to one issue or topic at a time.</p> <p>Ask yourself questions such as:</p> <ul style="list-style-type: none">• "What habits did I achieve this week?"• "What could I improve on?"• "How did I feel today in general?"• "How did I react today?"• "Do I need additional support?"
Keep a reflective journal	<p>This is a great way to identify your thoughts and feelings. It is also a great tool for looking back and seeing any patterns in your habits, responses and thoughts.</p> <p>You may do this by writing in a book or using a mobile phone app.</p>
Do some exercise in a quiet environment	<p>Getting fresh air can clear your head.</p> <p>Take a walk through nature without looking at your mobile phone.</p>
Do a self check-up	<p>Sit down with yourself and assess different areas of your life. Ask yourself what you can start improving on.</p>
Set specific goals	<p>This can help greatly improve your progress for self-reflection. Goals could include asking yourself where you want to be in the next six months, three or five years.</p> <p>Then visualise these goals and write them down.</p>
Reflect on how well you self-reflected	<p>Self-reflection is an ongoing process. It is a continuous cycle that should be completed on a regular basis. It is only through continually reflecting that you will start to see improvements in your personal response strategies.</p>

Video: How to practice mindfulness

Watch this video to learn how to practice mindfulness:

aspirelr.link/yt-smiling-mind-mindfulness





Building resilience

Resilience is having the strength and ability to successfully adapt to difficult and challenging situations.

Being resilient will not make all the challenges and impacts of your work go away but it can give you the ability to see past them, find enjoyment in life and learn to better handle stressful situations.

If supporting people who have experienced abuse, neglect or exploitation is part of your role, you will not be able to avoid the stress and challenges that come with this. However, knowing that you can cope will give you the confidence to get through these tough situations.

You can build your resilience by:

- knowing your strengths and keeping them in mind
- building your self-esteem; having confidence in your abilities and the positive things in life
- building healthy relationships
- knowing when to ask for help
- managing stress and anxiety levels
- working on problem solving skills and coping strategies.

Resilience

The ability to manage stress and negative life experiences and to recover quickly from difficult experiences.

The Resilience Project

The resilience project is an Australia-based project that was developed from scientific evidence. It teaches people that if you follow four practices in your everyday life you will be able to rewire your thinking processes to become more resilient.

The following describes in more detail what these four practices are and how to do them:

Practice	How
Gratitude	<p>It can be hard to be grateful, especially when you are supporting people who may have experienced abuse. However, this is about you and your journey to become resilient.</p> <p>Ask yourself everyday:</p> <ul style="list-style-type: none"> • “What are three things that went well for me today?” • “What was the best thing that happened to me today?” • “Who am I most grateful for and why?” • “What am I most looking forward to about tomorrow?” <p>Keep a gratitude journal and write in it every day. Within 21 days you will start to rewire your brain to begin seeing the world in a more positive light.</p>



Practice	How
Empathy	Practice doing one thing for someone else every day, without them asking you to do it. Every time you do something kind for someone else your brain releases a hormone called oxytocin. Oxytocin has the power to regulate our emotional responses including trust, positive memories, positive communication and building empathy.
Mindfulness	As discussed previously, mindfulness helps your mind to focus your awareness on the present moment. It is a kind of thinking that engages you with the world around you. There are several ways you can practice this including: <ul style="list-style-type: none"> • meditation: there are many different phone apps or video clips you can watch to participate. Meditation gives you a sense of calm, peace and balance that will benefit your emotional wellbeing • mindfulness colouring: asks you to focus on how you choose and apply colour in a design to bring awareness to the present moment • yoga: encourages you to be present in every breath and every posture. It is a great way to connect mind, body and spirit.
Emotional literacy/ intelligence	The ability to understand, express and manage our own emotions and respond appropriately to the emotions of others. Practices for increasing emotional intelligence have been discussed previously.

Video: How to manage stress and build resilience with mindfulness

Watch this video to learn more about how mindfulness helps build resilience: aspirelr.link/yt-smiling-mind-resilience



Video: Improve your wellbeing with gratitude

Watch this video to complete a guided meditation about gratitude: aspirelr.link/yt-meditation-gratitude



For more information about how to practice meditation, visit: aspirelr.link/smiling-mind



Example

Building resilience

Evan works for a very busy disability service where there have been numerous incidents of abuse and neglect that have impacted him and his clients. Evan was starting to realise that he was becoming very emotional and reacting in ways he did not want to. Evan made a promise to himself to work on becoming more resilient.

Evan started writing in a gratitude journal and looking at everyday things that he was grateful for such as having a supportive partner, living in a street where there were lots of trees and having a dog who greeted him with love every day. When Evan was feeling a bit down he would look through this journal and see so many things that he was actually grateful for.

Evan decided to do one thing for another person every day. Sometimes it was letting them in front of him in the traffic, buying a coffee for someone without them asking or offering to get groceries for his elderly neighbour.

Evan then downloaded an app on his phone and made it a routine that before bed he would spend 15 minutes practicing meditation. He found this cleared his mind and allowed him to fall asleep more easily.

After three months of practicing these habits Evan started getting comments at work about how happy he looked and how well he was handling certain situations. Evan realised that his decision to build his resilience had been the right move for him personally and professionally.

Setting boundaries between home and your workplace

When you are working in a busy and at times stressful environment it can be hard to learn to leave your work behind when you return home. Some jobs have very clear lines about when you are available and when you are not, but other times those lines can become blurred. For example, you might receive emails and text messages about work while you are not on shift. These lines have become even more blurred now that many workplaces have moved to a flexible work from home model.

It can also be very hard to not be distracted by work when you are at home when you have witnessed or supported a person through the impacts of abuse, neglect or exploitation. For your own mental and physical wellbeing, you need to be able to learn some techniques to separate your work from your home.



Define <i>after hours</i>	If you work in an environment with flexible hours, it is hard to define when you are at work and when you are off. When you start your day set a clear time that you will finish work for that day. Be firm with your hours and let others know.
Set boundaries for communications after hours	Inform your workplace when you are available via email or phone. Then outside these hours turn your phone off for work calls and do not read any work emails.
Get work done at work	Give yourself permission to do your work at work. Do not take it home with you.
Clear your head on the way home from work	Finish off any tasks you need to before you get home. If you can, write your to do list for tomorrow on your way home. Then listen to your favourite music or a podcast, or ring a friend to help make the switch from work to your time.
Set aside time for hobbies and interests	Not only will pursuing hobbies just for fun help you keep work at work, but they can lead to more overall happiness due to lower stress, more social relationships, better structure to your day and a sense of accomplishment and meaning.

The hardest part in finding a work-life balance is just how much of your life is taken up by work. You may fall into the trap of thinking that being busy at work is being productive. But you need to be able to make a barrier between your work and the things you do outside work. This will lead to better mental and physical wellbeing and, in turn, you will be happier when attending work.

Example

Setting boundaries at home

Nicole works as a supervisor for a community services organisation that employs many casual and part time staff. Nicole found she was answering work calls at all hours of the night and weekend and was constantly checking her work emails. She was starting to feel that she was living for work rather than working to live.

After a discussion with her manager and her partner at home it was decided to set some stronger boundaries to enable Nicole clear time away from work. These included:

- only being available until 7pm on weekdays on her phone and not at all on weekends
- turning off notifications for emails when she leaves work for the day
- being given an extra hour per day for admin work to allow her to finish work before leaving for home.



Nicole found having these boundaries gave her a clearer mind and allowed her to start enjoying her home life again, without worrying about work.

Video: Routines to help you switch off after work

Watch this video to learn some ideas on how to switch off after work:
aspirelr.link/yt-switch-off-work



Practice Task 15

Question 1

Match each term about self-reflection to its description.

Do a self check-up	The kind of thinking that engages with the world around you.
Choose a particular issue to change or explore	Ask yourself what you can start improving.
Mindfulness	A great tool to go back to and see any patterns or habits in your thoughts.
Keep a reflective journal	Try to stick to one issue or topic at a time.

Question 2

Which of the following are ways that can help build your resilience? Tick all that apply.

- Starting to become more selfish
- Practicing empathy
- Mindfulness colouring in
- Improving your emotional literacy
- Being grateful



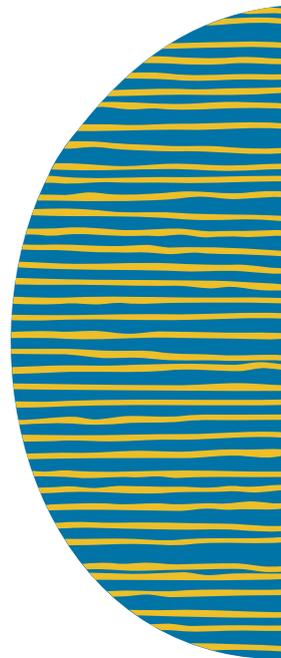
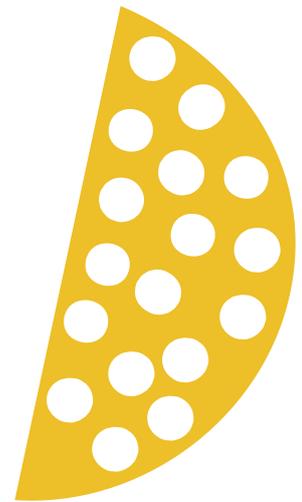
Question 3

Name three techniques for learning to keep your work separate from your home.



Summary

- It can be confronting to witness the effects of abuse, neglect and exploitation on the people that you are supporting.
- You may find yourself with physical, mental and emotional impacts as a side effect.
- Burnout, compassion fatigue and vicarious traumatisation are all risks to you when working in continually stressful situations.
- Learning to self-reflect can help you identify and cope with the impacts of supporting people who have experienced abuse, neglect and exploitation.
- Supervision and debriefing are techniques offered through your workplace to reduce the impact on yourself of supporting people who are experiencing abuse, neglect and exploitation.
- Recognising your reactions to workplace stressors can increase your emotional awareness and help you manage these emotions.
- Ensure you monitor your own personal health and wellbeing when working in stressful situations.
- Taking a break from work for a short time can be a technique to allow your mind to reset.
- Self-reflection can be used to identify strategies to protect your wellbeing.
- Building resilience will help you adapt to difficult and challenging situations.
- You may need to seek support from your workplace or professional external services if you find the impacts on you are becoming too much.
- There are many external services that can offer free and confidential advice.
- Professional counselling comes in many different forms and can help give you guidance to navigate through life's stressors and challenges.
- When returning home from the workplace you should learn to leave your work at work and not bring the stressors to your home.





Learning Checkpoint 4

Manage the impacts of supporting people experiencing abuse, neglect and exploitation

Part A

1. Match each term about the process of reflection to its description.

Analysis	Explore any feelings or thoughts that you had during the experience, and how they impacted you
Conclusion	Evaluate what worked well and what did not work well
Evaluation	The chance to make sense of what happened
Feelings	Where you can summarise what you learnt from the situation and what else you could have done

2. Which of the following are benefits of taking a break when you are experiencing the impacts of work stress? Tick all that apply.

- You are taking care of yourself
- You are allowing others to do your job more efficiently
- Allows you to become the best version of yourself
- Allows you time to focus on work
- Allows you time to heal from the stress

3. Which of the following statements about external support services are correct? Select yes or no for each one.

a. Employee assistance programs are work-based intervention programs to enhance the wellbeing of all employees.	Yes / No
b. If you feel as if you need to see an external support service then you should not tell your supervisor.	Yes / No
c. When you are feeling signs of stress your GP can be a good person to start with.	Yes / No
d. A psychiatrist is a specialised medical doctor who is highly trained and skilled.	Yes / No
e. External support services can only be accessed in person.	Yes / No



4. Name two ways that you can practice mindfulness when learning to become more resilient.

5. Which of the following are ways that you can self-reflect? Tick all that apply.

- Keep a reflective journal
- Practice mindfulness
- Keep very busy at work
- Be harsh and honest with yourself
- Do some exercise in a quiet place

6. Name three ways you can ensure that you keep boundaries with your work when you are at home.



Part B

Read the case study and answer the questions that follow.

Case study

Megan has recently started working in a community day service for people who have dementia. This is Megan's dream job as she has always wanted to help people and finds the challenges of the job worth it for the fun and happy times that she has. Her laughter and smiles bring a lot of happiness to the people she works with.

Last week, Megan observed bruising and scabs on one of her favourite clients, Dianne. Megan correctly followed all the policies and it was eventually identified that Dianne was being neglected at home by her family and ended up needing to go to hospital for malnutrition and dehydration. This upset Megan very much.

Megan found that she was having trouble sleeping and couldn't stop thinking about Dianne. She couldn't believe the family would neglect her and it made her angry. It soon became all she could think about and she spent hours talking about it with her partner.

People at work started to notice a change in Megan. She seemed to be always thinking about something else, looked very tired and had stopped laughing.

1. Describe four impacts of the incident that can be seen in Megan.



2. How could self-reflection assist Megan in helping to identify the impacts the incident has had on her?

3. Name two ways that Megan could practice meaningful reflection.

4. Describe four ways attending a debriefing session might support Megan with the impacts of the incident.



- 5.** Name two coping strategies that might support Megan when she is reacting with anger, repeatedly going over thoughts and experiencing poor concentration.

- 6.** Describe three ways that Megan could manage the impact of the stress on her own health and wellbeing.

- 7.** Megan has decided that she has never felt like this before and needs to seek help. Who should she approach first within her workplace to seek this support?



8. Name four types of support that the workplace may be able to offer Megan.

9. Describe the benefits that a professional counsellor can bring for Megan.

10. Explain the benefits that building resilience would have on Megan's ability to cope with a similar situation in the future.



Glossary

Abuse

Any intentional action that harms or injures another person.

Active listening

Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Ascertain

To find something out for certain, to make sure of.

Baseline

A fixed point of reference used for information and comparison purposes.

Burnout

A state of emotional, physical and mental exhaustion caused by excessive and prolonged stress.

Compassion

When you understand how someone else feels when they are sad, unhappy or in pain, and you are kind and sympathetic towards them.

Debriefing

Asking a series of questions in a structured way immediately following an exercise or event that looks to review or evaluate the actions taken.

Devaluation

A perceived lack of personal worth or value felt by a person about themselves, or about another person or persons.

Dignity of risk

A person's right to dignity and choice, upheld in legislation and service standards, to ensure that duty of care or safety is not used as a reason to limit a person's freedom of personal choice.

Duty of care

A moral or legal obligation to ensure the safety and wellbeing of other persons.

Duty of disclosure

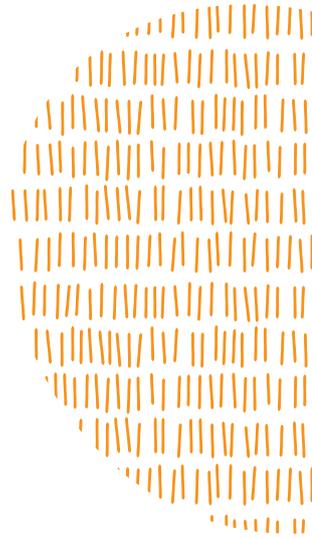
The obligation to pass on information required to keep a person safe, even when they request confidentiality.

Exploitation

The act of taking advantage of another person.

Grooming

Common behaviour used by a child sex offender to prepare a child for sexual abuse.





Human rights

Fundamental rights and freedoms that apply to all people, setting norms for standards of human behaviour.

Implication

Something that is suggested, or happens, indirectly.

Indicators of abuse

Physical and behavioural signs that might indicate a person is being subjected to abuse or neglect.

Informed consent

Permission granted by a person who has full understanding of the reasons and consequences of what they are agreeing to.

Mandatory reporting

The legal requirement of people in certain job roles and industries to report suspected or actual abuse to the police.

Neglect

Failing to properly care for a person.

Non-verbal communication

The transfer of information or messages through the use of body language and signals.

Objective

Non-opinionated, non-emotional and non-judgemental presentation of facts.

Open disclosure

A legal and ethical obligation to inform the person and/or their family about the details of an incident.

Peer support

People sharing knowledge, experience, feelings and practical help to support each other.

Post-traumatic stress disorder (PTSD)

A particular set of reactions that can develop in people who have been through a traumatic event.

Reasonable belief

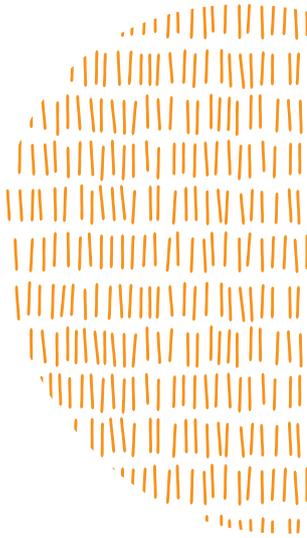
A belief based on facts that would lead a reasonable person to come to the same conclusion.

Reflective practice

The process of thinking deeply about a particular subject, considering past experiences and learning from them.

Resilience

The ability to manage stress and negative life experiences and to recover quickly from difficult experiences.



Scope of practice

Procedures, actions and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Self-reflection

The ability to observe and evaluate one's own thoughts, emotions and behaviours.

Subjective

Based on feelings, emotions or opinions.

Verbal communication

Speaking words to share information with others.

Vicarious

Experienced through watching or listening to the activities of other people.

Wellbeing

A sense of happiness, peace or contentment when we find satisfaction and purpose in meaningful activities and connections with others.



