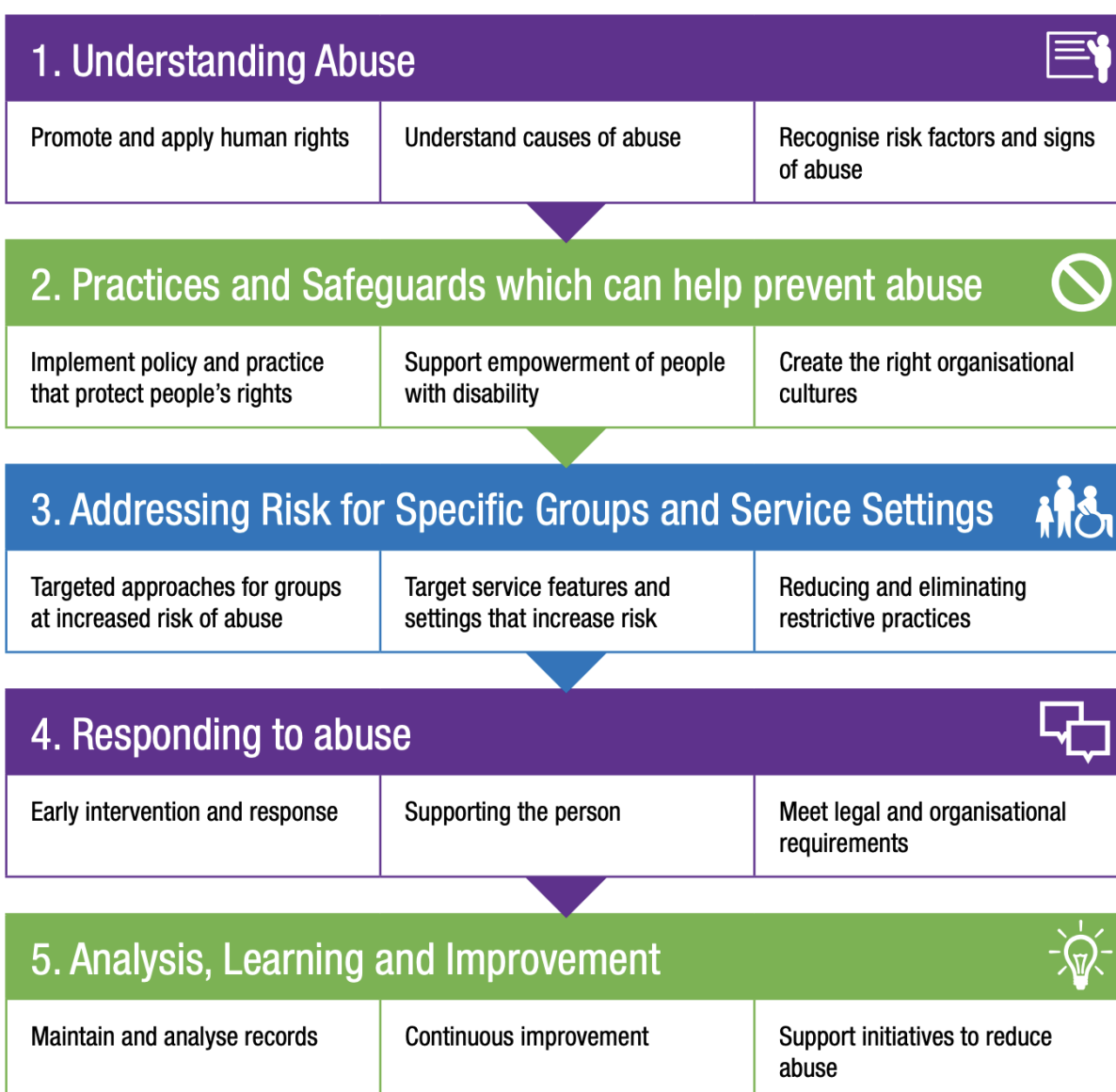




Zero Tolerance is an initiative led by National Disability Services in partnership with the disability sector. It aims to assist disability service providers to understand, implement and improve practices which safeguard the rights of people they support. This evidence-based framework outlines strategies for service providers to improve prevention, early intervention and responses to abuse, neglect and violence experienced by people with disability.

The Healthy Strides Foundation embraces, endorses and has adopted the framework below (as published on the NDIS website at <https://www.nds.org.au/resources/zero-tolerance>).



# Zero Tolerance Framework

This table expands the Zero Tolerance framework to highlight specific areas that disability service providers should incorporate into their broader safeguarding approaches. Some topics may require multiple approaches to ensure understanding, ongoing training and action at appropriate levels of the organisation.

1. Understanding Abuse 		
<b>Promote and apply human rights</b> <ul style="list-style-type: none"> <li>• apply the UN Convention on the Rights of Persons with Disabilities (UNCRPD)</li> <li>• recognise abuse as a violation of human rights and the right to justice</li> </ul>	<b>Understand causes of abuse</b> <ul style="list-style-type: none"> <li>• causes of abuse, neglect, exploitation, violence in disability services</li> <li>• recognising lived experience</li> <li>• power and control</li> </ul>	<b>Recognise risk factors and signs of abuse</b> <ul style="list-style-type: none"> <li>• recognise when abuse is happening</li> <li>• individual and service risk factors</li> <li>• trauma informed approaches</li> <li>• abuse as a crime</li> </ul>
2. Practices and Safeguards which can help prevent abuse 		
<b>Implement policy and practice that protect people's rights</b> <ul style="list-style-type: none"> <li>• commit to person centred approaches</li> <li>• strong leadership</li> <li>• clear policy and guidelines induction</li> <li>• ongoing training and supervision</li> <li>• training on communication styles and support</li> <li>• whole of organisation commitment to human rights and abuse prevention</li> </ul>	<b>Support the empowerment of people with disability</b> <ul style="list-style-type: none"> <li>• listen to people with disability</li> <li>• provide information and training on rights, self-advocacy and speaking up</li> <li>• abuse prevention education and training</li> <li>• support decision making &amp; risk enablement</li> <li>• support access to relationship and sexuality training</li> <li>• build community connections</li> <li>• engage family, friends and advocates</li> <li>• support access to preferred communication methods</li> </ul>	<b>Create the right organisational cultures</b> <ul style="list-style-type: none"> <li>• safe recruitment and screening practices</li> <li>• establish cultures of respect</li> <li>• set expectations about professional attitudes, behaviour and boundaries</li> <li>• create positive speaking up cultures and address barriers to disclosure</li> <li>• develop clear and accessible complaints processes</li> <li>• develop clear whistleblower protections</li> <li>• open to external mechanisms</li> </ul>

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### 3. Addressing Risk for Specific Groups and Service Settings



#### Target approaches for groups at increased risk of abuse

- people with intellectual disability and ABI
- women with disability
- children and young people
- people with complex communication needs
- Aboriginal communities
- CALD communities
- people with limited/no informal supports
- people at risk of family violence

#### Target service features and settings that increase risk

- risk factors in accommodation settings
- respectful personal care
- systemic abuse
- remotely supervised services

#### Reduction and elimination of restrictive practices

- use positive behaviour support approaches
- recognising restrictive practices
- commitment to the reduction and elimination of restrictive practices

### 4. Responding to abuse



#### Early intervention and response

- intervene early: guidelines on responding to early indicators of abuse and trauma
- encourage bystander action
- clear expectations, policies and procedures for responding to disclosures and allegations
- take reports of abuse seriously
- timely reporting and action
- evidence gathering and record keeping protocols

#### Supporting the person

- ensure safety of victims
- responses informed by victim's experience and wishes
- engage family, carers and significant others
- link to police, specialist services, complaints bodies, and advocacy
- address barriers to justice
- ongoing person-centred healing strategies
- trauma informed support

#### Meet legal and organisational requirements

- Acknowledgement - Actions - Answers - Apology
- clear disciplinary processes that protect victims
- rigorous approaches to investigations
- meet needs of whole organisation including other clients, families and staff
- communicate actions and outcomes
- meet legislative and stability obligations

### 5. Analysis, Learning and Improvement



#### Maintain and analyse records

- rigorous quality monitoring
- meet incident reporting requirements
- review and analysis of individual incidents
- maintain records on any alleged staff abuse
- recognise patterns of abuse

#### Continuous Improvement

- review staff knowledge and competencies
- use feedback and data to inform improvements
- explore systemic safeguarding gaps
- address organisational impacts of abuse

#### Support initiatives to reduce abuse

- use referee checks to identify people of concern in the sector
- work collaboratively with mainstream, specialist support services and advocacy
- contribute to cross-sector approaches

# The Zero Tolerance Policy

As part of our adoption of the Zero Tolerance initiative - the Healthy Strides Foundation (the "*foundation*") has a Zero Tolerance Policy that outlines our response in relation to the areas described above. In conjunction with the Incident Management Policy - this forms the basis of our adherence to the Zero Tolerance initiative.

Any reference to the Zero Tolerance Framework is in reference to the NDS/disability sector Zero Tolerance Framework as published at <https://www.nds.org.au/resources/zero-tolerance>

This policy is accurate at time of publication (August, 2021).

## Statement

All people have the right to live life and be treated with dignity, respect and to be free from any form of abuse or neglect at all times and in all circumstances.

The *foundation* is committed to Zero Tolerance of abuse or neglect of all people associated with the organisation and its services. Action will be taken against anyone who abuses a person or anyone who fails to immediately report witnessed or suspected abuse once it becomes known that he/she has been withholding such information.

## Rationale

The *foundation* acknowledges that assault, abuse, neglect and exploitation is present in community services around the world and believes that one incident is one incident too many. The research and evidential stories are raising awareness of this injustice to vulnerable people. History of the treatment of people vulnerable in society and placed in institutions echoes loudly. The *foundation* is taking a stand to have Zero Tolerance to any practice that is now viewed as non-contemporary and breaches human rights on any individual level. The *foundation* is committing itself to lead the way by implementing the Zero Tolerance Framework to meet this commitment.

## Objective

The *foundation* commits to ensuring people, who are receiving support/services from the organisation, are supported within a Human Rights practice and support framework. The *foundation* will be proactive and ensure that all people are supported in safe environments and in a way that upholds their rights, dignity and individual needs.

The *foundation* is committed to embedding into organisational practice the Zero Tolerance Framework which includes:

### 1. Understanding Abuse

- i. Organisation training on Human Rights
- ii. Understand Abuse, Neglect, Exploitation and Violence

- iii. Recognise Risk Factors and Signals of Abuse
- 2. **Preventing Abuse** – practices and safeguards which can help prevent abuse
  - i. Implement features that protect people's safety
  - ii. Empower people with disability
  - iii. Create the right organisational cultures
- 3. **Considering Additional Risks** – identify and address risk factors for specific groups and specific service settings
  - i. Identify and develop targeted approaches for groups at increased risk
  - ii. Understand service features and settings that can increase risk
  - iii. Understand behaviours of concern
- 4. **Responding to Abuse** – responding to incidents and allegations of abuse
  - i. Early intervention and Response
  - ii. Support the person
  - iii. Meet organisational requirements
- 5. **Learning and Improvement** – analysis, learning and healing
  - i. Maintain and analyse records
  - ii. Support sector initiatives to reduce risk of abuse
  - iii. Continuous improvement
- 6. **Upcoming Events and Training** – analysis, learning and healing
  - i. Maintain and analyse records
  - ii. Support sector initiatives to reduce risk of abuse
  - iii. Continuous improvement

## Scope

This policy applies to all staff, contractors, students, volunteers, families, visitors, board members, and individuals that are involved with the support and care of any person associated with the *foundation* and/or the safe operation of all services.

## Background

The provisions of the United Nations Convention on Rights for People with Disabilities, other Australian Commonwealth and State based Legislation, Policies and Quality Service Standards Frameworks clearly outline the obligations that service providers have to ensure the rights of vulnerable people including people with a disability are met as equal members of society. Those rights include their entitlement to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. Studies on the frequency of abuse towards people with a disability show that they are much more likely to experience abuse than the rest of the population (Howe, 2000; Blyth, 2002)<sup>3</sup>. A range of factors contribute to the higher levels of abuse experienced by people with a disability, for example, low mobility, limited communication skills, high dependence on non-family members for personal care, and the use of shared accommodation services.

## Policy Details

The *foundation* has a duty of care to ensure that all people it provides services for are not subject to any type of assault, abuse, neglect or exploitation. This Zero Tolerance to assault, abuse, neglect and exploitation policy underpins the delivery of all services provided by the *foundation*. Attention will be drawn to less overt practices and incidents that result in the restriction of a person's rights and poor quality service provision.

## General Principles of Practice adhered to by the *foundation*

- People being supported are informed of their inherent human rights and are supported to exercise these rights.
- People being supported have the right to participate in and contribute to the social, cultural, political and economic life of the community on an equal basis with others.
- People being supported have the right to live free from abuse, neglect, intimidation and exploitation.
- People being supported have the right to be respected for their worth, dignity, individuality and privacy.
- People being supported have the right to realise their potential for intellectual, physical, social, emotional, sexual and spiritual development.
- People being supported have the right to have access to appropriate assistance and support that will enable them to maximise their capacity to exercise choice and control, and realise their potential.
- People being supported have the right to pursue any grievances without fear of the discontinuation of services or of recriminations or retribution from the *foundations'* services.
- People being supported are empowered to determine their own best interests, including the right to exercise informed choice and take calculated risks. The cultural and linguistic diversity of people is respected.
- People being supported receive quality standards of care.
- Intervention in the lives of people being supported occurs in the least intrusive way, with the smallest infringements on the fewest rights.
- Services and supports' are based on contemporary evidence-based best practice with a strong focus on person-centred approaches.

## Roles and Responsibilities

The *foundation* will demonstrate commitment to the prevention and management of allegations through systemic approaches in service culture, staff training and education, reporting and reviewing processes and confidentiality considerations.

All staff, contractors, students, volunteers, families, visitors, board members, and individuals associated with the *foundation* will comply with legislative mandatory reporting requirements and frameworks as defined by the state of the service delivery.

## Party / Parties

## Roles and responsibilities

### The *foundation*

Promote human rights culture and proactive systems approach to prevent and identify assault, abuse, neglect and exploitation of people. Support and resource training of staff in all services. Develop and implement effective communication strategies to promote this policy and all resources to services and their 'clients'.

Report to relevant authority or agency as required.

Support and monitor the implementation of this policy and all associated policies/procedures.

### Senior Leadership Team

#### **Prevention:**

Ensure all staff and volunteers are made aware of, trained, and supported with carrying out this policy. This includes reporting any incidences of assault, abuse, neglect and exploitation of people.

Provide active support to staff to create a human rights based service culture.

Ensure staff are trained to recognise and prevent/minimize the occurrence or recurrence of assault, abuse, neglect and exploitation of people within all modes of service delivery.

Develop coordinated and uniform approach to promoting the rights of people within their families, communities and cultures.

#### **Identification:**

Ensure systems are in place to identify and rectify gaps which contribute to a person experiencing assault, abuse, neglect or exploitation.

Ensure staff are trained in early intervention approaches where potential or actual assault, abuse, neglect or exploitation of people is identified.

**Responding:**

Ensure there is no culture of 'fear of retribution' for any person who reports assault, abuse, neglect or exploitation.

Ensure guardians and substitute decision makers are informed of alleged or suspected instances of assault, abuse, neglect or exploitation, unless the guardian or decision maker is the alleged or suspected perpetrator, in which case a decision should be made on a case by case basis.

Ensure relevant staff advise people being supported, their families and advocates about:

- support services, which are equipped to identify assault, abuse, neglect and exploitation and able to refer individuals to appropriate specialist services;
- their right to pursue grievances and complaints and access the criminal justice system.

Ensure any concerned person, including but not limited to, the person being supported, another 'client', relative, friend or person from the community is able to make a report or an allegation of assault, abuse, neglect or exploitation, without fear of retribution.

Ensure all staff supporting people are respectful of their rights and needs.

Ensure assault, abuse, neglect or exploitation of people is reported to the relevant authority in line with the state specific requirements e.g. Critical Incident Reporting Policy.

**Support Staff/Volunteers**

Provide services to people in a human rights framework and manner that is consistent with this policy.

Support management to create a culture of no retribution for reporting of suspected assault, abuse, neglect or exploitation.



Provide active support to other staff to create an appropriate service culture in accordance of this policy.

Report all alleged or suspected instances of assault, abuse, neglect or exploitation in accordance with the legislative requirements and critical incident reporting policy.

Cooperate with the investigation of any complaint relating to the provision of services.

Provide appropriate support to the person making the report.

## **Monitoring, Evaluation and Review**

- Internal and External Audits / Service Practice Reviews.
- People being supported expressing their knowledge and self-advocacy skills.
- People being supported, families and advocates taking a more involving role in the service and supporting its culture of embracing human rights.
- Reporting, investigating and outcomes of alleged or suspected incidents.
- Information forums / training and feedback from these.
- Team meetings minutes demonstrating outcomes of human rights practice and awareness and understanding of policies, procedures and other frameworks required for their role.
- Client' meeting minutes demonstrating open discussions and learning about rights / responsibilities and how to self-advocate and complain without fear of retribution

## **Reference Documents**

- United Nations Convention on Rights for People with Disabilities
- National Disability Strategy 2010-2020
- National Disability Agreement
- National Standards for Disability Services
- Disability Services Act 1993 (Western Australia)

## **Continuous Improvement**

Improvements to this policy can be made by completing an Improvement Opportunity Form, attaching any suggested amendments and forwarding to the Clinical Lead for review.

## Appendix 1: Definitions

**Abuse** - is the violation of a person's human or civil rights, through an act or actions of commission or omission, by another person, or persons. Abuse includes, but is not limited to the following:

**Physical abuse** – any non-accidental physical injury or injuries to a child or adult, such as inflicting pain of any sort, or causing bruises, fractures, burns, electric shock, or unpleasant sensation (e.g. taste, heat or cold) as well as restrictive practices which are not contained in the client's Behaviour Support Plan.

**Sexual abuse** – any sexual contact between an adult and a child 16 years of age or under; or any sexual activity with a person with impairment of the mind (as defined under 'definitions' in the state Criminal Code). Sexual activity includes intercourse, genital manipulation, masturbation, voyeurism, sexual harassment, and also inappropriate exposure to pornographic media etc.

**Psychological or emotional abuse** – verbal communication that is threatening or demeaning, threats of maltreatment, harassment, humiliation, intimidation, failure to interact with a person or to acknowledge the person's presence, or denial of cultural or religious needs and preferences.

**Financial abuse** – refers to the illegal or improper use of a person's property or finances or the withholding of another person's resources by someone with whom the person has a relationship implying trust.

**Chemical abuse** – refers to any misuse of medications and prescriptions, including the withholding of medication and over-medication.

**Abuse through denial of access to legal remedies** - denial of access to justice or legal systems that are available to other citizens and denial of informal or formal advocacy support requested by the client or his/her substitute decision maker.

**Neglect** - is the failure to provide the necessary care, aid or guidance to dependent adults or children by those responsible for their care. Neglect includes, but is not limited to the following:

**Physical neglect** – failure to provide adequate food, shelter, clothing protection, supervision and medical and dental care, or to place persons at undue risk through unsafe environments or practices.

**Passive neglect** – the failure to fulfil care-taking responsibilities because of inadequate caregiver knowledge, infirmity, or the failure to implement prescribed services.

**Wilful deprivation** – wilfully denying a person access to medication, medical care, shelter, food, a therapeutic device or other physical assistance, thereby exposing that person to risk of physical, mental or emotional harm.

***Emotional neglect*** – the failure to provide the nurturing or stimulation needed for the social, intellectual and emotional growth or wellbeing of an adult or child.

***Crimes of Omission*** – negligence, i.e. the failure to act with appropriate duty of care.

**Exploitation** - is taking advantage of the vulnerability of a person with a disability in order to use them, or their resources, for another's profit or advantage (e.g. financial abuse).