SAFEGUARDING CHILDREN AND ADULTS WITHIN THE DISABILITY SERVICES CONTEXT

G. OTTMANN, K. MCVILLY, J. ANDERSON

goetz.ottmann@deakin.edu.au
People with disability who rely on support services and particularly residential care services are at increased risk of abuse and neglect. While there have been efforts undertaken to reduce this risk, service providers continue to struggle to ensure a safe environment for their clients; and people continue to be harmed, physically, emotionally, and psychologically.
RESEARCH QUESTIONS

• What are the most significant obstacles to creating effective safeguards against neglect and abuse for children and adults with disabilities?
• What do participants regard as their key safety issues? and
• What do they do to keep safe?
Part 1: Overview of Delphi Study
<table>
<thead>
<tr>
<th>Participant Characteristics</th>
<th>Total</th>
<th>Marginal Percentages/Standard Deviation</th>
</tr>
</thead>
<tbody>
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<td>Number of Participants</td>
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<tr>
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<td>SD 10.8</td>
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<tr>
<td>Education</td>
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<td>year 10</td>
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</tr>
<tr>
<td>year 12</td>
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<td>2.8%</td>
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<tr>
<td>Post Graduate Degree</td>
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</tr>
<tr>
<td>State/Territories</td>
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<td></td>
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<td>Victoria</td>
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</tr>
<tr>
<td>NSW</td>
<td>27</td>
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<tr>
<td>TAS</td>
<td>10</td>
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</tr>
<tr>
<td>Other</td>
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<tr>
<td>Position</td>
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<td>Direct Care Worker</td>
<td>49</td>
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<tr>
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<td>Clinician</td>
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</tr>
<tr>
<td>Teacher</td>
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<td>1.6%</td>
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<td>CEO</td>
<td>20</td>
<td>8.0%</td>
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<tr>
<td>Other</td>
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<tr>
<td>Average Years in Role</td>
<td>6.0</td>
<td>SD 5.5</td>
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<td>Average Years in Sector</td>
<td>17.1</td>
<td>SD 10.2</td>
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<td>24.5%</td>
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<td>Knowledge and Attitudes</td>
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<td>Marginal Percentages/Standard Deviation</td>
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<td>-----------------------------------------------------------------</td>
<td>-------</td>
<td>----------------------------------------</td>
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<td>Children with disabilities are .... at risk than children without disabilities</td>
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<td></td>
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<td>more</td>
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<tr>
<td>less</td>
<td>2</td>
<td>0.8%</td>
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<tr>
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<td>more</td>
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<td>71.1%</td>
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<tr>
<td>equally</td>
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<td>9.2%</td>
</tr>
<tr>
<td>less</td>
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<td>Staff are able to recognise abuse/neglect</td>
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<td></td>
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<tr>
<td>strongly disagree</td>
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<td>strongly agree</td>
<td>28</td>
<td>11.2%</td>
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<tr>
<td>Staff know how to respond to abuse/neglect</td>
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<td></td>
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<tr>
<td>strongly disagree</td>
<td>15</td>
<td>6.0%</td>
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<tr>
<td>disagree</td>
<td>51</td>
<td>20.5%</td>
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<tr>
<td>agree</td>
<td>96</td>
<td>38.6%</td>
</tr>
<tr>
<td>strongly agree</td>
<td>35</td>
<td>14.1%</td>
</tr>
<tr>
<td>Staff know how to work with people with traumatised clients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>strongly disagree</td>
<td>36</td>
<td>14.5%</td>
</tr>
<tr>
<td>disagree</td>
<td>65</td>
<td>26.1%</td>
</tr>
<tr>
<td>agree</td>
<td>83</td>
<td>33.3%</td>
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<tr>
<td>strongly agree</td>
<td>14</td>
<td>5.6%</td>
</tr>
<tr>
<td>Organisation is prepared to deal with abuse/neglect</td>
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<tr>
<td>strongly disagree</td>
<td>21</td>
<td>8.4%</td>
</tr>
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<td>20.1%</td>
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<tr>
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<td>37.0%</td>
</tr>
<tr>
<td>strongly agree</td>
<td>35</td>
<td>14.1%</td>
</tr>
</tbody>
</table>
**HOW WOULD YOU RESPOND IF YOU HAD A CONCERN ABOUT THE ABUSE OR NEGLECT OF ONE OF YOUR CLIENTS?**

<table>
<thead>
<tr>
<th>Responses to Incidents or Allegations of Abuse/Neglect</th>
<th>Total</th>
<th>Marginal Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report</td>
<td>119</td>
<td>47.8%</td>
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<tr>
<td>Safeguard participant</td>
<td>54</td>
<td>21.7%</td>
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<tr>
<td>Investigate</td>
<td>47</td>
<td>18.9%</td>
</tr>
<tr>
<td>Seek Advice</td>
<td>32</td>
<td>12.9%</td>
</tr>
<tr>
<td>Advocate</td>
<td>29</td>
<td>11.6%</td>
</tr>
<tr>
<td>Follow Policy and Practice Guidelines</td>
<td>25</td>
<td>10.0%</td>
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<tr>
<td>Document</td>
<td>22</td>
<td>8.8%</td>
</tr>
<tr>
<td>Educate (Staff or Client)</td>
<td>6</td>
<td>2.4%</td>
</tr>
<tr>
<td>Refer to other professional</td>
<td>3</td>
<td>1.2%</td>
</tr>
<tr>
<td>Resolve Incident</td>
<td>2</td>
<td>0.8%</td>
</tr>
</tbody>
</table>
ORGANISATIONAL ISSUES

What are the most Important Obstacles to Effective Safeguarding?
ORGANISATIONAL ISSUES

- Tendency to manage liability risk rather than responding appropriately to client needs
  - Emphasis on achieving targets rather than outcomes
  - Staff form cliques and alliances over time
- Overly complicated or lack of reporting systems
  - Stifling staff responses when they see something of concern
  - Only management handles crisis
  - Attempts to emulate safe 'no risk' processes
  - P&P's and work instructions written by staff with little operational experience and implemented without consultation
  - Lack of clear policies regarding staff training
  - Policies and Practice
- Overly defensive risk management unduly limits client rights to take risks
  - P&P's fail to incorporate clients' human rights
  - Lack of one nominated person to advocate for and supervise rights of person (buddy system)
  - Too many people working with one client - too many pieces of info to piece together
- Reluctance to embrace innovation in service delivery and program development
  - Lack of training resources and opportunities
  - Not committed to training staff
  - Training
- Different parts of organisation not communicating leading to oversight of signs of abuse and neglect
  - Poor inter-agency communication regarding recruitment of people with a history of abuse
  - Communication
Relationships with Families and Caregivers prevent neutral assessment

Trauma causes staff not to respond appropriately

Apathy/Burn Out  Desensitisation to Abuse & Neglect (Normalisation)

- Inability to see signs of abuse (not taking notice of clients)

Denial that problem exists  Use of semantic devices to 'normalise' abusive behaviour

- Reluctance to name the problem (Abuse & Neglect)

Communication  Inability to communicate is taken as a sign of 'there is no problem'

- Neglect is not taken seriously (lack of training/awareness)
  - Lack of Respect and Trust in clients
  - Lack of Trust in management and system
  - Infantisation of People with Disability
  - View of people with disabilities as second class citizens
  - View that Disability Services are the best Safeguard against Abuse and Neglect
  - Naivety of staff

Beliefs and Attitudes

Scared to report

- Lack of Confidentiality
  - Fear of Ramifications
  - Victimisation
  - Cone of silence

Fear

Over-reaction of management undermines reporting as staff feel they are being blamed

Lack of skills to confront other staff when concerned about their conduct

Recognition

Ambiguity around definitions of abuse & neglect
- Inability to recognise abuse & neglect particularly with non-verbal clients

Lack of training leads to inability to recognise abuse & neglect particularly with non-verbal clients
- Inability to identify subtle forms of A&N

Knowledge/Education  Policy & Practice

Lack of knowledge of reporting mechanisms
- Lack of knowledge what to do in situation of abuse or neglect
- Lack of knowledge of complaints mechanisms and advocacy responsibilities
- Lack of understanding of human rights framework and the rights of clients
- Lack of knowledge that staff has to report abuse and neglect
- Lack of understanding of the risk profile for abuse and neglect of PwDs

Not asking the hard questions (changes in behaviour, bruising etc.)

Lack of knowledge of how to ask the right questions while ensuring safety of client

Skill Base

Lack of skills in investigative practices and robust interogation at all levels of organisation
- Lack of skills associated with greater likelihood to inadvertent abuse & neglect

General Lack of skills
- Lack of consistency of practice
  - Creates opportunities for abuse
  - One on one shifts result in long unsupervised sessions

Autonomy  Direct Care Staff has relatively autonomous role

High Turnover  Undermines development of positive working relationships

Overworked staff too busy to interact with clients

Failure to provide safe place during interaction with client - away for family or formal carers

Limited documentation, particularly in respite

Practice  Internal investigations occur before police are notified  Police are not always notified

Staff don't report abuse or neglect when they see it

Lack of Person-Centred Practice (Planning etc.)

Lack of communication support for PwDs
CLIENT ISSUES

Fear of changes among service providers/carers
- Intellectual disability may undermine capacity to communicate or report
  - inability recall
  - unable to provide verbal information
  - need for experienced interpreter
- Communication
  - Physical disability may limit effective verbal communication and reporting
    - need for experienced interpreter
  - Investigation
    - Compromised ability to report and substantiate allegations due to disability
    - Unclear signs increase the obstacles to successful investigation
- Lack of access to Auslan interpreters
- Lack of promotion of rights and self-advocacy
- Lack of access to safeguarding training
- Knowledge
  - Unaware of appropriate forms of social interaction
- Lack of knowledge how to report abuse and neglect
- Lack of access to information and support
- Lack of empowerment
  - Feeling disempowered/worthless
  - Feeling that they cannot speak up
- Fear of victimisation should they voice concerns
- Lack of trusting relationship with staff
- Lack of clear voice as first point of contact is frontline staff who may be implicated
- Social Isolation - few natural relationships with unpaid carers, particularly in accommodation services
  - increased vulnerability
- Lack of trusted long-term relationship with paid carers
  - Staff unable to read signs of abuse/neglect
  - Client less likely to voice concerns
- Reliance on casual workforce undermines clients relationship with staff
- People live in segregated services rather than among families and friends
- PwDs hidden from community
  - increased vulnerability
Part 2: Summary of Participant Interviews
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>ID</th>
<th>Age Group</th>
<th>Impairments</th>
<th>Living Circumstances</th>
<th>Immage support</th>
<th>Domains of Safety Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael</td>
<td>SG01</td>
<td>around 50</td>
<td>ID, hepatitis (?)</td>
<td>Independent living</td>
<td>x</td>
<td>Social Conflict, Physical Violence, Financial Decision Making, Health</td>
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<tr>
<td>Marcy</td>
<td>SG02</td>
<td>mid 50s</td>
<td>ID, hearing</td>
<td>Residential unit</td>
<td>x</td>
<td>Physical Violence</td>
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<tr>
<td>Alice</td>
<td>SG03</td>
<td>early 60s</td>
<td>DS, hearing, on medication</td>
<td>Residential unit</td>
<td>x</td>
<td>Medication Management, Mental health</td>
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<tr>
<td>Yvonne</td>
<td>SG04</td>
<td>late 50s</td>
<td>ID, hearing</td>
<td>Residential unit</td>
<td></td>
<td>Physical Violence</td>
</tr>
<tr>
<td>Hope</td>
<td>SG05</td>
<td>late 55s</td>
<td>ID, hearing</td>
<td>Residential unit</td>
<td>x</td>
<td>Physical Violence, Financial Abuse</td>
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<td>ID</td>
<td></td>
<td></td>
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<td>SG07</td>
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<td>ID, hearing</td>
<td>Residential unit</td>
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<td>Everyday life Safety, Physical Violence (?)</td>
</tr>
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<td>Kathy</td>
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<td>Residential unit</td>
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<td>Physical Violence, Everyday life Safety</td>
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<td>ID</td>
<td>Residential unit</td>
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<td>Physical Violence, Everyday life Safety, Social Conflict, Health</td>
</tr>
<tr>
<td>Josie</td>
<td>SG10</td>
<td>mid 50s</td>
<td>ID, mobility, on medication</td>
<td>Residential unit</td>
<td></td>
<td>Physical Violence, Health</td>
</tr>
<tr>
<td>Ann</td>
<td>SG11</td>
<td>around 50</td>
<td>ID, physical impairment, history of falls</td>
<td>Residential unit</td>
<td></td>
<td>Health, Everyday life Safety</td>
</tr>
<tr>
<td>Arthur</td>
<td>SG12</td>
<td>late 30s</td>
<td>ID, anxiety (?), diabetes, epilepsy, in wheel chair</td>
<td>Residential unit</td>
<td></td>
<td>Everyday life Safety, Physical Violence, Health, Mental Health</td>
</tr>
</tbody>
</table>
BEHAVIOURAL RESPONSES

Adaptation to potential conflict/maltreatment:

• I try not to get involved.
• Not to talk to strangers. It is very dangerous.
• Do not give anyone any money.
• Lock the Door.
• Keep safe on trains.
• I don’t go out in the dark at night, only when it is lighter, unless we go out to tea with a group.
• If someone comes to your door and you do not know them, ask them ID or ask them who they are because they could hurt or do whatever.

Agency:

• [Money] I tell then a definite NO!
• I say, “You keep out [of my room]! I am having a break”.
• You do not have to stay in an abusive relationship. You get out. If they do it once they will do it again.
BEHAVIOURAL RESPONSES

Keeping safe in everyday life:
• I make sure the clothes are back from the fire, a distance from the fire so they do not burn.
• Make sure the stove is turned off once you finished with it.
• I cross the road safely because some of the places are really dangerous.
• Put my seat belt on when I am in the wheel chair.

Nutrition:
• [I used to have lots of ] lollies, coke, but now I do not do that. Now I drink water since my operation. Drinks heap of water.
• Eat less food.

Mental Health/Healthy Living:
• I do deep breathing so my voice does not get high and slows down.
• Exercising this afternoon here.
SOCIAL STRATEGIES

Befriending:
• If people say “hello”, I say “G’day”.
• I say good morning to staff.
• I make sure if someone needs my help I am there for them.
• [I] give people a hug.

Finding Safe Places:
• My private room with my CDs and tapes.
• I feel safe at church where my friends.
• I sometimes keep to [my] self.

Disclosure:
• If I get hurt I would go to my mother. ... Talk about it.
• House meeting talking safety.
• I go and tell somebody.
SOCIAL STRATEGIES

**Reporting (asking others to report):**
- Go to the supervisor at work and report and they will do something about it.
- Tell her [my mother] and she would call the police (SG01)
- Go to the police (SG01, SG02, SG05, SG07).
- Ring Fire Brigade (SG07)
- Ring Day Centre (SG07)
- Ring my House (SG07)

**Obtain Advice:**
- They talk back to me. It helps a lot because they can give me advice as to how to go about it (SG01)

**Training:**
- I have finished up with travel training (SG12)
SOCIAL STRATEGIES

**Disclosing ones whereabouts/plans to others:**
• Now I tell what I am doing. Buy this now? Save up? Do I really need it (SG01)

**Asking Others to Assist:**
• You tell what I am doing or about to do and get help.
• To help me out, not to be bullied or teased.
• Sees that I am safe at work and I do not fall`. They keep an eye on me after my operation.
• Tell to do certain things that I should do but don't.
• He makes sure the floors are not wet so I don't slip.
• He pushes the button for my [personal] alarm when I forget.
• He makes sure that I have my medication on time so I don't get sick.
• I usually go to arts performance and my friends, me walk me down the street and help me out. It is really wonderful. It is really a high hill and that's why [has mobility issues].
SOCIAL STRATEGIES

Looking out for others:
• I make sure if someone needs my help I am there for them (SG11).

Pets:
• My dog ... protected me. She would go at him till he I said ‘no’! (SG10).

Medication Management:
• Sally helps with medication.

Mental Health:
• Staff help when sacred.

Health Appointments:
• I have someone who goes to the doctors with me.
SUMMARY

- Safeguarding should be focused on prevalence reduction
- Safeguarding practices appear to be poorly developed, understood, and implemented.
- Main emphasis is on reporting.
- Safeguarding tends to focus on abuse, and primarily sexual abuse.
- Lack of inter-agency, inter-sectoral approaches.
- Organisational safeguards have advanced little, if at all, over the last decade.
- Primary prevention strategies are poorly integrated and are not viewed as part of safeguarding.
- Organisational safeguarding initiatives largely miss the concerns of participants.
- The concerns of participants warrant a ‘public health’ approach that does not only focus on those representing the ‘highest risk’ to the organisation.
THANK YOU

I walk from trouble...

by ‘Frank’

I walk from trouble.
Tell someone about it.
They will talk about it and help you.
Not to be bullied.
Not to be bullied.
Not to be teased.
To be friends.