

Safeguarding Meeting Kit

The Safeguarding meeting kit provides some information and tools that can be used by organisations to develop a process around safeguarding meetings for the people they support.

These tools are aimed at assisting teams to:

- Understand some of the key concepts which need to be applied in planning and preparing for a safeguarding meeting.
- Explore some of the risk factors which place people with disability at a higher risk of abuse.
- Empower people to make decisions and upholding their right to dignity of risk.
- Develop a structure to carry out a safeguarding meeting.

The tools in the Safeguarding Meeting Kit could be used for a range of safeguarding concerns, it is a starting point and general in nature. They do **not** consider all the risks that an organisation delivering services to people may face, and would need to be adapted to the organisation, the size and scope of the supports.

These tools need to be completed by a group of relevant supporters and organisational stakeholders, including people with disability, families, support staff, team leaders and managers, as appropriate for individual situations.







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Key Concept 1: Common Safeguarding Themes

Safeguarding information across different sectors and countries show that principles have common themes. These themes can help to inform approaches to safeguarding to ensure they balance safety, safeguarding and dignity of risk.

• A culture of safety in organisations who provide support

Services and environments where support and services are safe, provided by a trained and competent workforce and operate under a safety culture which is embedded into the leadership, governance, processes and practices of the organisation.

• Empowerment and dignity of risk in decision making

Environments that uphold the dignity of individuals by respecting their rights, empowering them to enhance their knowledge and skills, and providing support for active participation in decisions concerning themselves, including the reasonable risks inherent in personal choice.

Person centred and individual responses

Efforts to safeguard individuals should be tailored to each person's unique circumstances, including their expressed values and beliefs, encompassing aspects such as culture, faith, ethnicity, gender, gender identity, sexuality, age, and disability. Upholding equity and respecting diversity are fundamental principles in this approach.

• A preventative and proactive approach

Environments and societies who act immediately on concerns around safety and abuse and actively work to prevent issues occurring.

Partnerships with key people

People with disability are supported to strengthen their individual networks. Local solutions are in place for communities and the importance in their role in responding and preventing abuse, is acknowledged.

These themes were drawn from a number of sources given that in Australia there currently are **no** national Safeguarding Principles. These include, the NDIS Code of Conduct, NDIA Safeguarding Policy, The National Childsafe Principles and the Care Act UK.

For more information on how these themes were drawn, see **Appendix 1 for a comparison table**.







Key Concept 2: Risk Factors

Understanding risk factors can help to inform decision making around the types of risks people might experience. People with disability are more at risk of experiencing violence, abuse, neglect and exploitation than people without a disability. Risk factors for people with disability include:

 Individual Communication difficulties History of violence and abuse Needing complex or intimate supports Lack of understanding of what abuse is Age, gender, culture 	 Society Discrimination / stigma Economic disadvantage - Lack of access to affordable housing or transport Culture Inadequate access to services
 Relationships Financially reliant and/or dependent on others for support Limited network of people who support them Socially isolated 	Settings (e.g., Disability services) Inadequate processes for complaints Service culture Environment Lack of resources Institutional or segregated settings Previous history of experiences with services

Intersectionality

In simple terms, this refers to when a person's identity or life experiences mean that they might experience a combination of more than one risk factor and therefore could be at a higher risk of abuse.







Other risk considerations

People with disability who may be at additional risk of harm could be:

- people with intellectual disability
- people with complex communication support needs
- women with disability
- children with disability
- people from indigenous or culturally and linguistically diverse communities
- · people with acquired brain injury
- Deaf people or those with a hearing impairment
- people with disability with no informal support networks
- people with disability at risk of abuse from family members

Environments where people may be more at risk*

- institutions and congregate accommodation settings
- group homes
- supported employment and day services
- centre-based and in-home respite services
- community-based one-to-one supports.



Please be aware: Many factors contribute to a person's identity and individuality. These lists have been developed to assist providers in constructing a risk framework; they should not be used to label individuals or groups.

This list is not exhaustive; it is intended to highlight individuals at higher risk, but any person could potentially encounter abuse.







For more information on the types of harm and abuse experienced by people with disability in Australia, see **Appendix 2: Types of Abuse and Harm** Experienced by People with Disability, from the Royal Commission into Violence, Abuse, Neglect and Exploitation.

Key Concept 3: Protective Factors and Safeguards

Developmental safeguards: Measures that enhance the capability of people with disability, their support networks, and workers, to reduce the risk of harm and promote quality. For example:

- Worker training and education
- Having safeguarding champions
- Having an open culture of discussing safeguarding with workers and people with disability
- Supporting people to build their capacity, understand their rights, access supports and to balance safety, choice and control
- Information in accessible formats for people with disability

Preventative safeguards: Measures that proactively reduce the risk of harm and promote quality. For example:

- NDIS Worker Screening
- Policies and guidelines that are up to date, functional and adhere to the NDIS Practice Standards and Code of Conduct
- Workers and people with disability knowing when to report concerns and who to report to
- Conducting risk assessments
- Balancing choice, control and safety

Corrective safeguards: Measures that resolve problems, enable improvements to be identified and avoid the same problems recurring. For example:

- Complaints management and investigations
- Responding to incidents, including supporting people who have been involved in incidents
- Learning from incidents, and putting measures in place to prevent incidents happening again

Natural or informal safeguards: These are factors that are part of people's lives and support them to live safely. For example:

• Resources or tools which help people with disability to make informed decisions such as accessible information, or training to build their confidence and skills







- A trusted network of people to support, look out for and help advocate for the person, such as family and/or community networks
- Advocates and paid supports for people with disability.

This information was adapted from <u>Safeguarding that is empowering and tailored to individuals, their service needs and environments</u> <u>INDIS Review.</u>

Key Concept 4: Identifying safeguarding concerns

It is important to think about the different ways in which we might become aware of safeguarding concerns.

Observed safeguarding concerns

People who work for or access your services (visitors, family, people with disability) may see concerns and raise them.

Reported safeguarding concerns

Incidents and complaints can be reported formally or informally. A person who has experienced an incident of abuse, may report this directly to support workers or through the organisation's reporting processes.

Suspected safeguarding concerns

Changes in behaviour may signal abuse or neglect. Someone close to the individual such as a family member or support worker, may suspect a person is at risk.



Allegations, incidents or reports of abuse are reportable incidents due to the serious nature and the impact to people with disability. Guidelines on managing reportable incidents can be found here: NDIS Commission Reportable incidents.

All issues raised by workers, visitors or people who access your services should be responded to immediately and taken seriously, including ensuring <u>Is everyone safe? NDIS Commission.</u>









Workers play a key role in reporting concerns and issues. Ensuring they know what to report and when, is a key part of Safeguarding. For more information and training for you, your Supervisor and Support Staff, see Understanding Abuse (nds.org.au).

Guidelines on developing a process for and carrying out investigations can be found at NDS Investigations.







Key Concept 5: Safeguarding human rights through dignity of risk and supported decision making

Dignity of risk

Dignity of risk is about striking a balance between empowering people to make choices, while supporting them to take reasonable risks in everyday life.

During the decision-making process, it is important to assist individuals in recognising potentially unsafe or uncomfortable situations, brainstorming possible solutions to reduce risks, and promoting independence collaboratively.

Providers need to keep in mind that everyone views risk differently. Some people refer to this as our risk tolerance or risk appetite.

Risk is often viewed in a negative light, preventing individuals from doing things that many take for granted. Everyone deserves the right to live their lives fully, as long as that doesn't stop others from doing the same.

Supported Decision Making

Everyone has the right to participate in decisions which impact their lives. Some people need support to fully participate in decision making and express their will and preferences.

Supported decision making is providing support to people to make decisions. How this is done will be different for each person and could be different for each decision. Supportive activities could include skills building, providing information in the correct format or supporting people to express themselves through the most suitable communication.



For more information and resources to upskill your teams and support people with disability to make decisions:

- Supported Decision Making | WA's Individualised Services (waindividualisedservices.org.au)
- <u>The La Trobe Support for Decision Making Practice Framework Learning Resource ABOUT</u> (supportfordecisionmakingresource.com.au)







Unpacking concerns

Sometimes it can be unclear what the issues are or why we are concerned. It can be useful to unpack concerns, in team meetings, or during supervision, to understand more about what we are concerned about and what the possible options might be.

Team Meeting or Supervision Template – Unpacking concerns

What are we worried or concerned about?
What are the views of the person? Do they have any concerns? What risks do they see?
What are the views of the person: Do they have any concerns: What have do they see:







Why are we concerned?

What harm could occur?	What are the risks we see?	What could decrease the risk of harm?	What are the options?	What actions will we take?	Who and when?







Carrying out a safeguarding meeting

Meeting Purpose: To provide a structured, comprehensive meeting to discuss Safeguarding concerns about a person receiving supports and services.

Preparing for a Safeguarding Meeting

Roles: The people attending the meeting will vary. Ideally you will be able to have good representation for the person being supported, people that they trust, key supporters, and other stakeholders, as relevant. Someone should be identified to help facilitate the meeting and record key discussion points, risk considerations, and outcomes on the Individual Safeguarding Form.

Responsibilities: Each person present would be contributing to addressing safeguarding concerns. There should be at least one person present who has a good knowledge of what constitutes a reportable incident, policies relevant to Restrictive Practices, and be familiar with the Safeguarding Key Concepts outlined in the first part of this document.

Reasons to hold a Safeguarding Meeting: Safeguarding Concerns could be raised in a few different ways, including flagged through an incident report, directly reported by staff teams through their line management, via a complaint, raised by a person you support.

Assessing Risk: consider using a Risk Matrix (Appendix 3), which is a tool designed to evaluate and prioritise risks by assessing them according to their likelihood of occurrence and the severity of their impact. It can be useful because it enables organisations to identify critical risks that require immediate attention and to allocate resources to mitigate these risks.

Upholding Human Rights: Active steps should be taken to ensure the rights of people with disability are upheld through this process. This includes providing people with disability with supports to participate, for example communication devices, supported and informed decision making, interpreters, advocates, familiar locations, information in alternative formats and considering people's cultural diversity.







Safeguarding Meeting Record				
Name of person				
Services accessed				
Date/s				
Details of Contributor	rs			
Name	Job Title, Organisation, Relationship			
Background informat in this assessment.	ion – Information about the person, their support needs, their support networks and how they will be involved			





Thin		ssment needed, what are we worried or concerned about? could occur, what would the impact be, how likely is it that this will occur? What are the views of other agencies lived?
	Observed concern	
	Reported concern	
	Suspected concern	
Wha	at are the imm	nediate safety concerns and what actions should be taken?







Do they have any concerns? What risks do they see?

Does the person need support to make decisions?

If so, what support has been provided? What other support could be explored?

What outcomes would the person like to see?

Do they have any changes they would like to achieve?







Risk Assessment – Use this section to analyse the risks. This will inform your action plan

What risks of harm are being assessed? Include evidence	What is the risk assessment? What harm could occur, what would the impact be, how likely is it that this will occur? See an example of a Risk Matrix in Appendix 3.	Risk factors that could increase the risk of harm?	Safeguarding factors that could decrease the risk of harm?	What are the options?	What could go wrong with this option?







Risk Management Plan				
Actions	By who?	By when?	Persons or their representatives' views on this plan.	Review date







Appendix 1 – Comparison table of Safeguarding themes

Theme	NDIS Code of Conduct	NDIA Safeguarding Policy Principles	National ChildSafe Principles	Care Act UK – Safeguarding Principles
A culture of safety in organisations who provide support	Provide supports and services in a safe and competent manner, with care and skill. Act with integrity, honesty and transparency	Safety and wellbeing of people with disability is embedded in organisational leadership, governance, processes, practice and culture to promote responsibility and accountability.	Child safety and wellbeing is embedded in organisational leadership, governance and culture. Policies and procedures document how the organisation is safe for children and young people.	Accountable: Accountability and transparency in safeguarding practice.
Empowerment and Dignity of Risk in decision making	Act with respect for individual rights • Support people with disability to make decisions	Empowerment: Individuals are supported to gain or enhance their knowledge and skills about personal safety to identify, assess and manage risk of harm. Dignity of risk is respected, and individuals are supported to have a central role in making informed decisions about safeguards in their lives.	Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.	Empowerment: People being supported and encouraged to make their own decisions and informed consent.







Theme	NDIS Code of Conduct	NDIA Safeguarding Policy Principles	National ChildSafe Principles	Care Act UK – Safeguarding Principles
Person centred and individual responses	Act with respect for individual rights • Consider the expressed values, and beliefs of people with disability, including those relating to culture, faith, ethnicity, gender, gender identity, sexuality and age, as well as disability	Individualised: Individual circumstances are recognised and respected when working with people with disability. A personcentred and strengths-based approach is taken to understand each person's experience to develop appropriate safeguarding strategies.	Equity is upheld and diverse needs respected in policy and practice. Processes to respond to complaints and concerns are child focused.	Proportionality: The least intrusive response appropriate to the risk presented.
Preventative, proactive responses	Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability. Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect	Proactive: Individuals are proactively supported to establish or improve preventative safeguards to reduce the likelihood and consequence of harm occurring.	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.	Prevention: It is better to take action before harm occurs. Protection: Support and representation for those in greatest need.







Theme	NDIS Code of Conduct	NDIA Safeguarding Policy Principles	National ChildSafe Principles	Care Act UK – Safeguarding Principles
	and abuse of, people with disability. Take all reasonable steps to prevent and respond to			
Partnerships with key people	sexual misconduct.	Informal support networks: Individuals are supported to develop and strengthen their network of informal supports and community connections to help create strong safeguards.	Families and communities are informed and involved in promoting child safety and wellbeing.	Partnership: Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect







Appendix 2 - Types of Abuse and Harm Experienced by People with Disability

The list of definitions below are extracted from the <u>Final Report - Volume 3</u>, <u>Nature and extent of violence</u>, <u>abuse</u>, <u>neglect and exploitation of people with disability (royalcommission.gov.au)</u> for the purpose of identifying abuse and harm experienced by people with disability.

Violence: Violence is the use or threatened use of force or the unjust use of power that causes or is likely to cause harm or fear of harm to a person or group of people with disability.

- physical violence, including cruel, inhumane or degrading treatment; deliberately causing pain or injury when responsible for providing personal support or care; directing shame; or threatening pain, injury or death.
- sexual violence, including sexual assault; child sexual abuse including grooming; tricking or coercing someone into sex or sexual activities like recording, posting or sharing images or videos; or threats of sexual violence.
- exclusionary discipline and restrictive practices applied to children and young people.
- inflicting psychological harm, coercion, arbitrary deprivation of liberty, and stalking. These include coercive control, enforcing isolation from family and friends, repeated humiliation or degradation, and threats to harm loved ones or pets.
- reproductive violence or coercion such as forced or coerced sterilisation, pregnancy, abortion, contraception or threats of these
- forced treatments and interventions.
- continual failure to meet a person with disability's needs (slow violence).

These forms of violence may occur in any setting, including in family or domestic relationships.







Abuse: 'Abuse' consists of acts or omissions causing or likely to cause direct or indirect harm to a person or group of people with disability. Abuse can occur as a single incident or repeated incidents or a pattern of behaviour over a period of time.

Forms of abuse people with disability may experience include, but are not limited to:

- bullying, verbal abuse, vilification, harassment, including sexual harassment.
- threats, intimidation and behaviour that insults or humiliates a person, such as disability-specific slurs or insults.
- disability-specific abuse, including removing, denying or withholding necessary equipment or devices, such as a wheelchair or communication aids; and withholding necessary assistance and care.
- the misuse or overuse of restrictive practices, guardianship and administration orders and indefinite detention arising from unfitness to plead laws.
- · discrimination or victimisation on the ground of disability
- exclusion and isolation
- forced segregation.
- emotional, financial and online abuse
- deprivation of human rights and personal dignity
- denial of autonomy over significant or everyday decisions
- misuse of power and authority with respect to a person with disability
- micro-aggressions, including incidents of disrespect, humiliating treatment, non-consensual filming and photography, and being treated as an inconvenience.

Neglect: Neglect is the failure to provide for the physical, emotional, social and cultural wellbeing and development of a person or group of people with disability. Forms of neglect include but are not limited to:

• deprivation of basic necessities of life, including food, clothing and housing







- failure to provide assistance with daily activities.
- failure to provide health care.
- · depriving a person of the right, or limiting their right, to education
- depriving a person of the opportunity, or limiting their opportunity, to develop personal relationships, friendships or engage in community activities.
- depriving a person of access to, or limiting their access to, language and forms of communication
- infringing a person's human rights
- failing to act in the best interests of a child.
- developmental neglect, including failing to provide an environment for each person to maximise their potential.
- the failure to facilitate access to cultural practices or relationships.
- exclusion from access to or participation in settings and services available to the general population
- failing to provide services essential for the safety, health and wellbeing of a person.

Neglect can occur where natural and systemic safeguards fail to protect a person, such as when family, friends, neighbours, communities and government agencies ignore or fail to take action to prevent the risk of violence against, or abuse, neglect or exploitation of, a person with disability.

Exploitation: Exploitation involves taking or attempting to take improper advantage of a person or group of people with disability for benefit, advantage or gratification, including taking physical, sexual, financial or economic advantage of a person with disability. Forms of exploitation people with disability experience include:

- within disability service provision, improper 'capturing' of a person's need for multiple services by a single service provider.
- payment of wages below relevant award rates or at unconscionably low rates.







Appendix 3 – Example of a Risk Matrix

Impact

Likelihood	None No impact expected	Low Low impact, no treatment required	Moderate Considerable impact, requiring treatment as part of action response	High Serious impact that will cause harm	Critical Could result in a fatality or critical incident
Not Expected There is no reason to expect this will occur	N/A	N/A	N/A	N/A	N/A
	No Risk	No Risk	No Risk	No Risk	No Risk
Low Unlikely to occur, or only 1-2 times per year	N/A	1	1	2	3
	No Risk	Low Risk	Low Risk	Moderate Risk	High Risk
Medium Foreseeable and likely to occur, within a month	N/A	1	2	3	3
	No Risk	Low Risk	Moderate Risk	High Risk	High Risk
High Very likely to occur, within a week	N/A	2	2	3	3
	No Risk	Moderate Risk	Moderate Risk	High Risk	High Risk
Frequent Expected to occur daily, or more	N/A	2	2	3	3
	No Risk	Moderate Risk	Moderate Risk	High Risk	High Risk

Rating = N/A, No Risk	No risk concerns, no action required.	Rating = 2, Moderate Risk	Moderate Risk, Manager oversight recommended with Review date
Rating = 1, Low Risk	Low Risk, may not require review after Safeguarding Actions are completed	Rating = 3, High Risk	High Risk, full reporting including board recommended with regular review







References

- Disability Royal Commission Final Report Volume 3 The Nature and-Extent of Violence Abuse Neglect and Exploitation
- NDIS Commission NDIS Code of Conduct Guidance
- Human Rights Commission National Principles Child Safe Organisations
- Social Care Institute of Excellence UK What are the six principles of safeguarding?
- ACNC Governance Toolkit: Safeguarding vulnerable people
- Solihull SG risk screening tool (local.gov.uk)

Please note: This resource was developed in January 2024 by the NDS Quality and Safeguards Sector Readiness Project. The resource is general in nature and is provided as a guide only. NDS believes that the information contained in this publication is correct at the time of publishing, however, NDS reserves the right to vary any of this publication without further notice. The information provided in this publication should not be relied upon instead of other legal, medical, financial, or professional advice. Please always refer to online documents for the latest versions including the NDIS Practice Standards and advice to providers on the Code of Conduct.



