

2.6.5 R NDIS Community Resident Incident Management

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Group Homes Australia has a moral, ethical and legal responsibility to ensure all Community Residents are safe and takes proactive steps to protect its Community Residents from harm.

Group Homes Australia's incident management system identifies, assesses, manages and resolves incidents that occur in connection with providing supports or services to a person with disability and have, or could have, caused harm to the person with disability. The system is appropriate to the business' size and the classes of NDIS supports it provides.

Group Homes Australia will provide support and assistance to people with disability affected by an incident (including information about access to advocates such as independent advocates), to ensure their health, safety and wellbeing.

Group Homes Australia has additional obligations if an incident is the subject of a complaint (see the *Feedback Policy*).

Failure to comply with the incident management requirements of the NDIS legislation and rules may lead to the NDIS Commissioner taking compliance and enforcement action against Group Homes Australia.

Definitions

Abuse (in the context of this policy) – verbal, physical and/or emotional mistreatment and/or lack of care of a person. Abuse can include bullying, physical abuse, sexual abuse, emotional and psychological abuse, racial, cultural and religious abuse, financial abuse, and domestic violence.

Incident – for the purpose of this Policy and Procedure:

- an act, omission, event or circumstance that has, or could have, caused harm to a person with disability receiving supports or services;
- an act by a person with disability that happened in connection with the provision of supports or services and that caused serious harm, or a risk of serious harm, to another person; or
- a reportable incident that is alleged to have occurred in connection with the provision of supports or services.

Neglect - The failure to provide a person with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that their health and development is, or is likely to be, significantly harmed.

Negligence - Doing, or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

Offender or **Perpetrator** - A person who mistreats and/or harms another person.

Procedural Fairness – a principal that requires a fair and proper procedure be used when making a decision.

Reasonable grounds - A person may form a belief on reasonable grounds that another person is in need of protection after becoming aware that their health, safety or wellbeing is at risk and the Community Resident's guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- a Community Resident states that they have been physically or sexually abused;
- a Community Resident states that they know someone who has been physically or sexually abused (sometimes they may be referring to themselves);
- someone who knows the Community Resident states they have been physically or sexually abused;
- a Community Resident shows signs of being physically or sexually abused;
- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the Community Resident's safety, stability or development;
- the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision; or
- a Community Resident's actions or behaviour may place them at risk of significant harm.

Reportable Incident -

- 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 for sexual activity; or
- the use of a restrictive practice in relation to a person with disability, other than where the use is in accordance with an authorisation of a State or Territory in relation to the person.⁴³

Reportable Incidents include alleged Reportable Incidents.

Restrictive practice - any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability.⁴⁴

1. Procedures

Group Homes Australia's Leadership Team must promote best practice, continuous improvement and a service delivery culture that promotes and supports the Community Resident safety.

Upon commencement, all team members must undergo an Induction that includes information on Group Homes Australia's incident management processes. Team member's knowledge of this policy and procedure and Group Homes Australia's incident management system will be assessed

⁴³ Based on the definition set out in the *National Disability Insurance Scheme Act 2013*.

⁴⁴ As above

through Lessonly questions. Additional on-the-job and formal training will be provided where required.

Agendas for Quality Committee meetings will include a standing item on Continuous Improvement, including reviews of incidents.

Group Homes Australia will use its *Community Resident Charter*, *Community Resident Handbook* and website to provide Community Residents, families, carers and all other stakeholders with information about this policy and procedure. Information provided will include how to make a complaint to Group Homes Australia and to the NDIS Commissioner, how complaints will be addressed and external advocacy and support services that can assist people in the complaints process.

To ensure Community Residents understand this information, team members will provide it in ways that suit Community Residents' individual communication needs. This includes using the language, mode of communication and terms that the Community Resident is most likely to understand. Methods include providing written information in Easy English, explaining information either face-to-face or over the phone and using interpreters and advocates.

2. Privacy and Information Management

All personal information Group Homes Australia collects to manage incidents will be handled in accordance with privacy legislation and Group Homes Australia's *Privacy and Confidentiality Policy and Procedure*.

Team members must keep information about incidents confidential. They may only disclose necessary detail if they are required to do so by law, or if not disclosing is likely to place the safety, health or wellbeing of any person at risk.

Group Homes Australia's *Incident Register* must be used to record information about incident management and all information regarding incidents will be kept securely in accordance with Group Homes Australia's *Information Systems Policy*. All records regarding incidents must be retained for at least 7 years from the date they were created.

3. Incident Identification and Response

3.1 First Response

1. Assess the situation and check for danger. Remove the Community Resident from danger if it is safe to do so. Ensure the Community Resident's immediate safety needs are met.
2. If the Community Resident requires immediate medical attention, a medical practitioner or ambulance must be called (call Emergency Services on **000**), or the Community Resident conveyed to the nearest hospital emergency department.

3. Where a team member is accused or suspected of harming the Community Resident, any medical practitioner called must be independent to Group Homes Australia. The team member in question must be removed from contact with all Community Residents pending an investigation.
4. If another Community Resident is accused or suspected of harming the Community Resident, where possible, they must be removed from contact with other Community Residents pending an investigation.
5. If the Community Resident has injuries that do not require immediate attention, support the person to see a doctor for assessment and treatment of any injuries, including psychological trauma.
6. Consider the impact of the incident on the other Community Residents within the setting and provide them with appropriate support.
7. Notify other service providers known to be working with that Community Resident, if appropriate.
8. If the incident involves an alleged criminal act, contact the Police. Preserve any physical or documentary evidence that may be critical to an investigation by the Police or Group Homes Australia.
9. Where the Community Resident consents, or does not have the capacity to consent, contact the Community Resident's next of kin.
10. Provide ongoing support to all affected Community Residents and team member, taking into consideration that their ongoing needs may change.

Responses to any Community Resident incident should be respectful of the person, culturally appropriate, and empower them to make their own choices and decisions wherever possible. Some Community Residents may wish to have a support person present to help them with decision-making.

Strategies to do this include:

- recognise and acknowledge the impact of the incident on the Community Resident;
- assure the Community Resident the incident will be taken seriously and dealt with in a fair and equitable manner;
- clearly educate Community Residents about their rights and take their wishes into consideration;
- keep the Community Resident informed of the progress, outcome and any follow-up of incidents;
- if appropriate, identify an advocate or support person, help the Community Resident to make contact with them and keep them informed throughout the process;
- involve the Community Resident in the process of reviewing or investigating the incident, including the opportunity to provide their account of what happened, with communication support if required;

- ensure the Community Resident has the opportunity to provide feedback on the response to the incident; and
- ensure personal and sensitive Community Resident information is appropriately managed and secured, to mitigate the risk of privacy breaches.

4. Incident Reporting

The team member who first becomes aware of an incident must report it as soon as practicable to the most senior team member in the work area and log on Salesforce as a Critical Incident. The most senior team member in the work area is responsible for reporting relevant incidents to the Police. The report must be made as soon as practicable, once immediate safety and medical needs are met.

Team members must report all Community Resident incidents to their supervisor or the Director of People, Care and Learning as soon as practicable.

Details of all incidents, their investigation and review must be recorded in Group Homes Australia's *Incident Register*. The register must include:

- a description of the incident, including the impact on, or harm caused to, any person with disability affected by the incident;
- whether the incident is a Reportable Incident;
- the time, date and place at which the incident occurred (if known) or the time and date the incident was first identified;
- the names and contact details of the people involved in the incident;
- the names and contact details of any witnesses to the incident;
- details of the assessment of the incident;
- the actions taken in response to the incident, including actions taken to support or assist people with disability affected by the incident;
- any consultations undertaken with the people with disability affected by the incident;
- whether people with disability affected by the incident have been provided with any reports or findings regarding the incident;
- if an investigation is undertaken, the details and outcomes of the investigation; and
- the name and contact details of the person making the record of the incident.⁴⁵

4.1 Reportable Incidents

Group Homes Australia's Leadership Team must take all reasonable steps to ensure that Reportable Incidents are notified to the NDIS Commissioner within the required timeframes.

Reportable Incidents requiring notification within 24 hours

⁴⁵ National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

The Director of People, Care and Learning or a co-CEO must report the following incidents to the NDIS Commission **within 24 hours**:

- the death of a person with disability; or
- the serious injury of a person with disability; or
- the abuse or neglect of a person with disability; or
- unlawful sexual or physical contact with, or assault of, a person with disability; or
- sexual misconduct committed against, or in the presence of, a person with disability, including grooming of the person for sexual activity.

The following information must be provided:

- the organisation's name and contact details;
- a description of the reportable incident;
- a description of the impact on, or harm caused to, the person with disability (this may not be required if the reportable incident was a death);
- the immediate actions taken in response to the reportable incident, including actions taken to ensure the health, safety and wellbeing of people with disability affected by the incident
- whether the incident has been reported to the Police or any other body;
- the name and contact details of the person making the notification;
- if known, the time, date and place at which the reportable incident occurred;
- the names and contact details of the people involved in the reportable incident; and
- any other information requested by the NDIS Commissioner.

Where necessary, the last three pieces of information in the list above can be provided within 5 business days, if it is not available at the time of the initial report.

After the initial report, the following additional information must also be provided to the NDIS Commission within **5 working days**:

- the names and contact details of any witnesses to the reportable incident; and
- any further actions proposed to be taken in response to the reportable incident.

Information provided to the NDIS Commission within the first 24 hours of an incident must be provided via telephone or using the *Reportable Incident - Immediate Notification Form* available at www.ndiscommission.gov.au. Information provided after the initial 24-hour period must be provided using the *Reportable Incident – 5 Day Notification Form*.

Reportable Incidents requiring notification within 5 business days

The Director of People, Care and Learning or a co-CEO must report incidents, other than those that fall into the categories listed above, to the NDIS Commission **within 5 business days**. All of the information listed above must also be provided for these incidents.

4.2 Instances where information is not required

The following information does not have to be reported to the NDIS Commission if doing so could reasonably be expected to prejudice the conduct of a criminal investigation or expose a person with disability to risk of harm:

- a description of the reportable incident;
- a description of the impact on, or harm caused to, the person with disability;
- the time, date and place at which the reportable incident occurred;
- the names and contact details of the people involved in the reportable incident; and
- the names and contact details of any witnesses to the reportable incident.

4.3 Ongoing Reporting

Should significant new information about the incident relate to a change in the kind of reportable incident or is a further reportable incident the Director of People, Care and Learning or a co-CEO must notify the NDIS Commission as soon as reasonably practicable by phoning 1800 035 544 or emailing reportableincidents@ndiscommission.gov.au.

Once an incident has been reported to the NDIS Commission, the NDIS Commissioner may:

- refer the incident to another person or body with responsibility in relation to the incident (such as a State or Territory agency responsible for child protection);
- require Group Homes Australia to undertake remedial action within a certain period;
- require Group Homes Australia to conduct an internal investigation and provide a report;
- require Group Homes Australia to engage an appropriately qualified and independent expert, at its own expense, to carry out an investigation in relation to the incident and provide a report;
- carry out an inquiry in relation to the incident (whether it has been reported to the Commission or not); or
- take other action considered reasonable in the circumstances.

5. Investigating Incidents

For every Reportable Incident, or where an investigation is ordered by the NDIS Commission, the Director of People, Care and Learning or a co-CEO must appoint an Investigation Manager to determine the appropriate investigative action for an incident and oversee the incident's investigation.

The Investigation Manager must determine the appropriate investigative action for all incidents within a maximum of 72 hours of Group Homes Australia becoming aware of the incident. The Investigation Manager may seek advice from other team members if appropriate.

The options for investigative action are:

- **No further investigative action** – This may be appropriate where it can be clearly established that the report of the incident is inaccurate or there is no basis for concern

about the safety of the Community Resident or the quality of care the Community Resident is receiving. If the decision is not to undertake an investigation, the grounds for this decision must be supported and recorded with reasoning backed up by evidence. The incident must then be the subject of a review (detailed below).

- **Monitoring and support required** – Certain information may raise issues that do not necessarily warrant an investigation, but nevertheless require changes in practices. Group Homes Australia may manage these issues by monitoring and supporting affected team members or Community Residents, and documenting this on relevant team members and Community Resident files. The incident must then be the subject of a review (detailed below).
- **Internal investigation** – This option may be selected only where Group Homes Australia has the capability to undertake an investigation independently.
- **External investigation** – In other cases, Group Homes Australia will need to commission an investigation by an external party to ensure the investigation is robust, objective and expert. The Investigation Manager may commission an investigator, or a person from another organisation, with relevant expertise.

Investigations must take a person-centred and rights-based approach, taking into account what is important to the person with disability impacted by the incident. The person with disability should be invited to participate in the investigation and be provided the support they need to do so. The investigation must, however, remain impartial and independent at all times.

All investigations must be completed (including report finalisation) within 28 working days.

Group Homes Australia must provide information on investigation progress and outcomes to the person with disability involved in the incident (or their representative) and, with the consent of the person with disability or their representative, any other person.

An investigation report must be completed by the Investigation Manager. A report may also need to be provided to the NDIS Commission within **60 business days** of the initial notification, via reportableincidents@ndiscommission.gov.au.

Investigation reports should include:

- details of any internal or external investigation or assessment that has been undertaken in relation to the incident, including:
 - the name and position of the person who undertook the investigation;
 - when the investigation was undertaken;
 - details of any findings made; and
 - details of any corrective or other action taken after the investigation;
- a copy of any report of the investigation or assessment; and
- whether people with disability affected by the incident (or their representative) have been kept informed of the progress, findings and actions relating to the investigation or assessment.

The NDIS Commissioner may take further action based on the outcome of an investigation.

Once any actions required as a follow-up to the investigation have been implemented, the Investigation Manager can complete the incident investigation.

6. Incident Review

Incident review includes monitoring and acting on trends identified through the analysis of incident information. The purpose of analysing incident data is to learn from patterns of incidents in order to safeguard the safety and wellbeing of individual Community Residents, as well as improve the quality of supports.

The *Incident Register* must be reviewed at monthly Quality meetings. The Director of People, Care and Learning is responsible for ongoing monitoring of the *Incident Register*, in order to analyse and report on incident trends and identify and address any systemic issues underlying incidents.

Reviews should consider the causes, handling and outcomes of incidents, as well as feedback provided by team members and Community Residents. If trends or preventative measures are identified, these must be tracked in the *Continuous Improvement Register*.

7. Responding to Allegations of Abuse

Allegations of abuse of people with disability – whether by team members, other Community Residents or third parties - are reportable incidents. Allegations of abuse of team members by Community Residents should be dealt with in accordance with Group Homes Australia's *Workplace Incident Management Policy and Procedure*.

Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, posttraumatic stress disorder, depression and anxiety. Victims of physical assault also frequently experience shock, numbness, fear, depression and anxiety. In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the Community Resident may be required.

7.1 Indicators of Abuse

Indicators of abuse include but are not limited to:

- a Community Resident alleges that abuse has occurred, by a team member, another Community Resident, or other person;
- a team member observes or is told about alleged abuse;
- a team member suspects that abuse has occurred (for example, a Community Resident may have unexplained injuries, a Community Resident may be distressed or anxious, or clothes may have been ripped);
- a Community Resident's behaviour changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour); and

- a Community Resident complains of physical symptoms or a team member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

Where a team member considers that a Community Resident's behavioural changes or symptoms may be a result of abuse, they must report their concerns to the Director of People, Care and Learning.

7.2 Immediate Response

****Note that this guidance is additional to that provided earlier in this Policy and Procedure regarding general Immediate Response requirements.****

1. Ensure a safe environment

Suspicious and allegations of abuse should always be treated seriously. The person's feelings about themselves may be influenced by initial reactions to their suspicion and/or allegation. If abuse is disclosed, or a team member is suspicious of abuse, or becomes aware of abuse, a helpful response may include:

- listening carefully to and reassuring the Community Resident;
- reassuring the Community Resident who disclosed abuse that they did the right thing by telling someone about their concerns; and
- asking the Community Resident what can be done to make them feel safe, and explaining the actions you will take next.

Team members might also consider contacting specialist victim support services including crisis care, counselling, advocacy, legal information and advice services.

2. If necessary, seek emergency medical assistance

If the person requires immediate medical attention, a medical practitioner or ambulance should be called, or the person taken to the nearest hospital emergency department.

Where a team member is the alleged perpetrator of abuse and requires medical attention, any medical practitioner called should be independent of Group Homes Australia.

3. Call the Police

Where an immediate police response is required, the team member should call 000. Where a person does not consent to the police being called, see *Compulsory Reporting* in this Policy and Procedure for guidance on situations where police notification is mandatory.

In the case of alleged sexual abuse that has just occurred, to preserve any forensic evidence, the person should not be showered or bathed or offered drinks or food until after the Police have been contacted and provide further instruction.

4. Contact a NSW Health Sexual Assault Service

NSW Health Sexual Assault Services provide free information, counselling, court support, medical treatment and forensic examinations for anyone who has been sexually assaulted. They can also provide testing and prevention for pregnancy and sexually transmitted infections. These services are based in certain hospitals and community health services across New South Wales and they are open 24 hours a day.

People do not need to have reported a sexual assault to the Police to receive help from a NSW Health Sexual Assault Service, if they are over 16 years of age.

Contact details for NSW Health Sexual Assault services can be found at:

<http://www.health.nsw.gov.au/kidsfamilies/protection/Pages/health-sas-services.aspx>.

7.3 Additional Reporting Requirements

Reports of abuse or neglect of a Community Resident in a Supported Independent Living or other accommodation setting may need to be reported to the NSW Ombudsman. To determine if a notification must be made to the NSW Ombudsman, refer to the NSW Ombudsman's *Guide for Services: Reportable incidents in Disability Supported Group Accommodation* or call its inquiry line on 02 9286 0907.

7.4 Advising Parties involved of Police Report

In relation to a victim of assault, the team member who first becomes aware of an allegation must advise the person that the allegation will be reported to the police.

In relation to an alleged perpetrator, the team member should consult with police as to whether the person should be told of the report to police. It is important that any steps taken do not undermine action that police may instigate.

7.5 Dealing with the Police

At the time of contact the Police must be advised if the Community Resident has a cognitive disability or mental illness and needs support of an independent third person during interview or when a statement is being taken. Cognitive disability can include intellectual disability, acquired brain injury and dementia.

Where the Community Resident uses an alternative form of communication, such as symbols, signs or facilitated communication, an independent third person can usually assist the Community Resident to communicate with the police. It is the responsibility of the Police to contact the independent third person.

7.6 Assisting the Police

The police should be assisted in conducting their investigation. The investigation may involve the police taking photographs of any physical injuries. The police may need team member assistance to explain this procedure to the Community Resident.

In relation to preserving evidence of sexual assault, it is helpful to:

- encourage the victim not to shower or change, or, if the victim feels they must shower or change, ask them to put the clothing they were wearing at the time of the assault in bags, which should be sealed, labelled and secured; and
- where possible, lock the door to the room or restrict access to the area where the assault occurred so any physical evidence inside that area remains undisturbed.

It is not necessary for a victim to decide immediately about whether to be involved in a police investigation and/or prosecution. People may be distraught in the immediate aftermath of an assault and sometimes change their minds later. Some evidence, however, will only be present in the immediate period following assault. Forensic evidence collected at this time will assist police investigation, should the victim wish to proceed at a later stage.

8. Where a Community Resident is the Alleged Victim

Where a Community Resident is the alleged victim of an assault, Group Homes Australia team members must assist them to make an informed decision whether to participate in the police investigation. Team members should advise the Community Resident that the matter has been referred to the Police, and that the Police may investigate the incident and may want to interview the Community Resident and take a statement. The Community Resident may choose whether or not to participate in the police investigation.

Community Residents with an intellectual/cognitive disability or a mental illness must have an independent third person present during any interview. The role of the independent third person is to facilitate communication, ensure that the Community Resident understands his or her rights, and to support them. Police are responsible for arranging the independent third person. Group Homes Australia team members should not act as the independent third person.

The police will decide whether or not to proceed with charging. If the matter is taken to court, the Community Resident will most likely be required to give evidence.

9. Support and Advocacy

The response by team members to a Community Resident's disclosure of assault can be central to the Community Resident's ongoing safety and their recovery from the trauma of assault. Following an allegation of assault, it is important to:

- listen to and support the Community Resident;
- reassure the Community Resident that they did the right thing by talking about the assault;

- ensure the Community Resident's, and others' immediate safety, health and wellbeing needs are met such as medical attention and referral to other specialist/victim support services;
- ensure the Community Resident's specific support needs are addressed including access to communication aides and resources;
- tell the Community Resident what you plan to do next; and
- with the Community Resident's consent, engage family, significant others, an independent key support person or advocate to support the Community Resident and advocate on their behalf.

A key support person may include a family member, significant other, or advocate who are independent of the perpetrator and/or service. The role of the key support person is to provide support and advocacy, and ensure Community Resident's rights are respected in relation to any subsequent investigation or action taken. A key support person should be someone who preferably knows the Community Resident well and has their trust.

Specialist victim support services may include crisis care, counselling, advocacy, legal information and advice.

For Community Residents who are from culturally and linguistically diverse communities or from Aboriginal and Torres Strait Islander communities, team members should consider referring the Community Resident to specialist agencies or staff for additional support. It may also be necessary to arrange an interpreter. Where the Community Resident uses a language other than English or is deaf, an interpreter of the same sex as the Community Resident should be arranged as soon as practicable to interpret for the Community Resident, police and other persons involved in the process.

Some victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the victim's name to the interpreter. When using an interpreter directly, consideration should be given to arranging an interpreter who is not associated with the Community Resident or his or her immediate cultural community.

10. Supporting Community Residents through the Justice Process

Group Homes Australia will support Community Residents through the justice process, including police investigation, prosecution and crimes compensation processes as appropriate. This may include:

- ensuring the Community Resident has access to appropriate communication aides and tools to facilitate disclosures and the provision of evidence;
- ensuring the Community Resident has access to a key support person of their choosing;
- alerting police to the need for an independent third person or independent person and the Community Resident's particular communication support needs, and the need for timely interviews to facilitate the recall of information;
- facilitating arrangements with police for interviews and examination of evidence; and

- facilitating arrangements with specialist support services.

Under no circumstances should anyone but the Police interview the Community Resident about the allegation.

11. Where a Community Resident is the Alleged Perpetrator

Team members must consult with police about whether to inform the Community Resident of the report to police. The police may want to interview the Community Resident and take a statement. Community Residents with a cognitive disability must have an independent third person present during the interview, and this will be arranged by police.

Team members must contact the service most directly responsible for the Community Resident's care who will ensure that the Community Resident has legal representation and is assisted during the investigation and hearing.

Under no circumstances should anyone but the police interview the Community Resident about the allegation. It is acknowledged however that some discussion with the Community Resident may be required to establish safety and a basic understanding of what has occurred.

12. Notification of Next of Kin or Guardian – All Community Residents

If the alleged perpetrator is the Community Resident's next of kin or legal guardian, the team member must ensure that the immediate needs of the Community Resident and an appropriate planned response are undertaken.

The Director of People, Care and Learning or a co-CEO must notify the Community Resident's next of kin or guardian where:

- the Community Resident consents to their next of kin or guardian being contacted. If the Community Resident is unable to make an informed decision regarding contact and the Community Resident does not have an appointed guardian, Group Homes Australia The Director of People, Care and Learning or a co-CEO should contact the next of kin as appropriate;
- the Community Resident has a legal guardian; or
- the Community Resident is on a guardianship order.

The Director of People, Care and Learning or co-CEO must explain to the next of kin or guardian: the nature of the allegation; the standard procedure for reporting allegations to the police; that the Community Resident may choose whether or not to participate in the police investigation; and any action taken by team members since reporting the allegation.

If the Community Resident is a young person who does not wish their next of kin or guardian to be notified, a decision in relation to notification will need to consider factors including the Community Resident's age and capacity, where they are living and their best interests. If necessary, legal advice

should be sought, and if a decision is taken not to notify the next of kin or guardian, this must be clearly documented and placed on the Community Resident's file.

13. Ongoing Support

Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, post-traumatic stress disorder, depression and anxiety. Victims of physical assault also frequently experience shock, numbness, fear, depression and anxiety. In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the Community Resident may be required.

A quality of support review must also be undertaken by the Director of People, Care and Learning for Community Residents who are victims or alleged perpetrators of an assault. Agreed actions for the Community Resident's immediate and ongoing needs must be recorded on the Community Resident's Support Plan. This must include:

- steps being taken to assure the Community Resident's safety and wellbeing in the future;
- treatment or counselling the Community Resident may access to address their safety and wellbeing;
- modifications in the way services are provided (for example, same gender carer);
- how best to support the Community Resident through any action the Community Resident takes to seek justice or redress, including making a report to Police; and
- any ongoing risk management strategy required where this is deemed appropriate.

14. Team Member and Community Resident Debrief and Support

After a serious and traumatic incident, it is likely that high levels of stress will be experienced by those connected with the incident. In relation to a sexual assault, the local Rape Crisis Centre can provide assistance with debriefing and secondary consultation.

General arrangements to team members may include allocating a safe place for retreat, giving team members the option of being immediately and temporarily relieved of their duties, providing communication with families and offering to organise transport home.

General arrangements to support Community Residents may include allocating a safe place for retreat and communicating with families.

Community Residents have a right to complain about Group Homes Australia services and they and their key support person/advocate should be alerted to Group Homes Australia's *Feedback Policy and Procedure* and external complaints bodies.

15. Where a Team Member is the Alleged Perpetrator

After reporting to the police, the co-CEOs must be immediately notified of the report.

Depending on the nature of the allegation, the co-CEOs response regarding the alleged perpetrator should comply with Group Homes Australia *Human Resources Policy and Procedure*. Responses include redirecting the team member to alternate duties that do not involve direct Community Resident care, or standing the team member down.

16. Where a Team Member is the Alleged Victim

Allegations or assaults where a Group Homes Australia team member is the alleged victim should be dealt with in accordance with Group Homes Australia's *Workplace Incident Management Policy and Procedure*.

Relevant legislation

National Disability Insurance Scheme Act 2013

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018