H&H Care SA Pty Ltd

SUPPORT WORKER TRAINING & WORKPLACE PROTOCOL

Recognising and Reporting Abuse, Neglect or Changes in Health

Protecting Participant Safety, Wellbeing, Dignity and Human Rights

Training Category: Participant Safeguarding, Incident Reporting and Health Monitoring

Applies To: All H&H Care SA Support Workers, SIL Staff, Team Leaders and Care Coordinators

Service Settings: Supported Independent Living (SIL), In-Home Support, Personal Care and Community Participation

Document Type: Staff Training Article and Proposed Workplace Protocol

Review Frequency: Annually or following significant changes to NDIS requirements, legislation or organisational procedures

Document Status: Draft for Management Review and Approval

---

1. Purpose

At H&H Care SA, the safety, dignity, health and wellbeing of every participant are our highest priorities.

Support workers play an essential role in protecting people with disabilities from abuse, neglect, exploitation and preventable harm.

Because support workers interact with participants regularly, they are often the first people to notice changes in physical health, emotional wellbeing, behaviour or living conditions.

Recognising concerns early and reporting them appropriately can prevent serious harm and improve the quality of care.

The purpose of this protocol is to ensure all H&H Care SA support workers understand how to:

1. Recognise possible signs of abuse, neglect and exploitation.
2. Identify changes in participants' physical and mental health.

3. Respond safely and professionally when concerns arise.
4. Report incidents, allegations and health concerns promptly.
5. Document observations accurately and objectively.
6. Protect participant dignity, confidentiality and human rights.
7. Follow relevant NDIS safeguarding and incident management requirements.

Our guiding principle:

Observe carefully. Listen respectfully. Act promptly. Report accurately. Protect every participant.

2. Understanding Abuse in Disability Support

Abuse occurs when a person experiences harmful, threatening, exploitative or degrading treatment.

Abuse may be intentional or result from inappropriate actions or failures to act. It can occur in private homes, SIL accommodation, community settings or other support environments.

Abuse may be committed by family members, support workers, other participants, visitors or other individuals.

Support workers must remain alert to possible signs of abuse and never dismiss concerns simply because there is no visible injury.



2.1 Physical Abuse

Physical abuse involves the use of physical force that causes or risks injury, pain or harm.

Examples include:

- Hitting, slapping, pushing or kicking.
- Rough handling during personal care.
- Unnecessary physical force.
- Inappropriate physical restraint.
- Deliberately causing pain or injury.
- Using physical force as punishment.

Possible warning signs:

- Unexplained bruises, cuts or injuries.
- Repeated injuries without a clear explanation.
- Fear or distress around particular individuals.
- Flinching when approached or touched.
- Sudden changes in behaviour.
- Reluctance to receive personal care.

Support worker response:

Ensure immediate safety, seek medical assistance where necessary, report concerns promptly and document observations factually.

Do not attempt to investigate the allegation independently.

2.2 Emotional or Psychological Abuse

Emotional abuse involves behaviour that causes fear, humiliation, distress or psychological harm.

Examples include:

- Shouting or threatening.
- Insulting or humiliating a participant.
- Intimidation or bullying.
- Deliberately ignoring or isolating someone.

- Controlling personal choices without lawful justification.
- Using fear or punishment to obtain cooperation.

Possible warning signs:

- Increased anxiety or fearfulness.
- Withdrawal from social activities.
- Sudden loss of confidence.
- Changes in sleep or appetite.
- Unusual distress around particular people.
- Reluctance to communicate.

Example:

A participant becomes visibly anxious whenever a particular worker enters the room.

This does not automatically prove abuse, but it is a concern that should be observed, documented and reported for appropriate assessment.

2.3 Sexual Abuse

Sexual abuse includes sexual contact, behaviour or exploitation without valid consent, including situations involving coercion or abuse of power.

Examples include:

- Unwanted sexual touching.
- Sexual harassment.
- Coercion into sexual activity.
- Inappropriate sexual comments or behaviour.
- Taking intimate images without lawful authorisation.
- Sexual exploitation by a person in a position of trust.

Possible warning signs:

- Unexplained injuries or pain in intimate areas.
- Sudden fear of personal care.
- Significant behavioural changes.
- Distress around a particular person.
- Direct or indirect disclosures of unwanted sexual contact.

Important: If sexual abuse is suspected or disclosed, prioritise safety and immediate reporting. Do not conduct an informal investigation, ask leading questions or repeatedly question the participant.

2.4 Financial Abuse and Exploitation

Financial abuse occurs when someone improperly uses, controls or takes a participant's money, property or financial resources.

Examples include:

- Taking money without permission.
- Using a participant's bank card for personal purchases.
- Pressuring a participant to give money or gifts.
- Misusing funds allocated for groceries or personal needs.
- Making financial decisions without appropriate authority.
- Preventing a participant from accessing their own money without lawful justification.

Possible warning signs:

- Unexplained missing money.
- Unusual purchases or transactions.
- Missing personal belongings.
- Participant expressing concerns about finances.
- Sudden changes in financial arrangements.

H&H Care SA expectation:

Support workers must follow approved financial handling procedures, maintain accurate records and report suspected financial exploitation.

2.5 Neglect

Neglect occurs when a person responsible for providing necessary care fails to provide appropriate support, exposing the participant to harm or a significant risk of harm.

Neglect may involve:

- Failure to provide adequate food or fluids.
- Failure to support essential personal hygiene.
- Failure to arrange necessary medical assistance.

- Leaving a participant without required supervision.
- Ignoring significant changes in health.
- Failing to provide agreed support for essential daily living needs.
- Leaving the living environment unsafe or unhygienic.

Possible warning signs:

- Poor personal hygiene.
- Dehydration or inadequate nutrition.
- Untreated wounds.
- Repeated missed essential care.
- Unsafe living conditions.
- Unexplained deterioration in health.
- Participant reporting that necessary assistance has not been provided.

Not every refusal of care indicates neglect. Participants have the right to make informed choices, including refusing assistance.

Workers must distinguish between respecting participant decisions and failing to provide necessary agreed support.

3. Recognising Changes in Participant Health

Support workers are not expected to diagnose medical conditions.

However, they have a responsibility to recognise and communicate changes that may indicate a health concern.

Workers should understand each participant's usual presentation, medical conditions, communication needs and individual support plan.

3.1 Physical Health Changes

Important changes may include:

- Unusual tiredness or weakness.
- Reduced mobility or balance.
- New or increased pain.
- Changes in appetite.
- Reduced fluid intake.

- Unexplained weight changes.
- Changes in skin colour or condition.
- Swelling or new bruising.
- Fever or signs of infection.
- Vomiting or diarrhoea.
- Changes in breathing.
- Dizziness or fainting.

Example:

A participant who normally walks independently suddenly requires significant assistance to stand or walk.

The worker should ensure the participant is safe, assess whether emergency assistance is required and promptly report the change.

Do not assume that a sudden decline is simply part of the participant's disability.

3.2 Changes in Mental Health and Emotional Wellbeing

Workers should also observe changes in emotional and psychological wellbeing.

Possible indicators include:

- Persistent sadness.
- Increased anxiety.
- Social withdrawal.
- Unusual agitation.
- Loss of interest in preferred activities.
- Significant changes in sleep.
- Sudden confusion.
- Expressions of hopelessness.
- Statements about self-harm.

Important: Any indication of immediate self-harm or suicide risk requires an urgent safety response and appropriate emergency assistance.

Workers must listen respectfully and report concerns without judgement.

3.3 Changes in Behaviour

Behaviour may communicate unmet needs, pain, distress or illness, particularly when a participant has communication difficulties.

Examples include:

- Increased agitation.
- Unusual aggression.
- Withdrawal from familiar activities.
- Refusal of normally preferred activities.
- Changes in communication.
- Repeated expressions of discomfort.
- New or increased behaviours of concern.

Workers should consider possible physical, environmental, emotional and communication-related factors.

Behavioural changes should not automatically be labelled as deliberate non-compliance.

4. Recognising Seizures and Other Medical Events

Some H&H Care SA participants may have epilepsy or other conditions requiring specific monitoring.

Support workers must understand the participant's individual seizure management plan and any relevant emergency procedures.

Possible seizure indicators

- Sudden loss of awareness.
- Uncontrolled movements.
- Unusual staring episodes.
- Sudden changes in responsiveness.
- Loss of balance or collapse.
- Confusion following an episode.

During a seizure

Workers should:

1. Remain calm.
2. Protect the participant from nearby hazards.
3. Time the seizure.
4. Follow the participant's seizure management plan.
5. Avoid restraining the participant.
6. Never place objects in the participant's mouth.
7. Provide appropriate first aid within their training.
8. Monitor breathing and recovery.
9. Seek emergency assistance when indicated.

Call 000 immediately when appropriate, including if a convulsive seizure lasts five minutes or longer, seizures occur repeatedly without recovery, breathing is impaired, a serious injury occurs, or the participant's emergency plan requires it.

For a first known seizure or other serious or unusual presentation, seek emergency assistance.

Emergency medication must only be administered by appropriately trained and authorised workers in accordance with the participant's prescribed plan and organisational requirements.

5. Understanding the Duty of Care

Duty of care means taking reasonable steps to protect participants from foreseeable harm while respecting their rights and independence.

Workers must balance safety with dignity, consent and the right to make informed choices.

Duty of care includes:

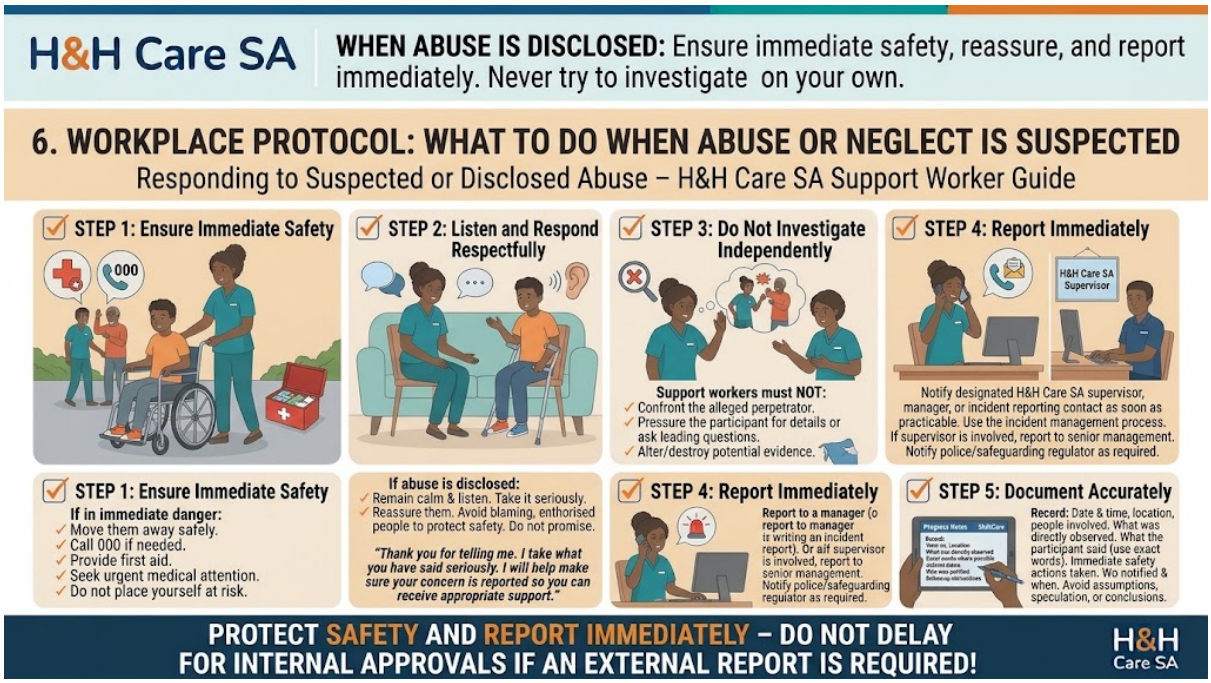
- Recognising hazards and health concerns.
- Following support plans.
- Providing appropriate supervision.
- Responding to emergencies.
- Reporting suspected abuse or neglect.
- Escalating significant changes in health.
- Maintaining professional boundaries.

- Documenting care accurately.

Important: Duty of care does not give workers unrestricted authority to control a participant's choices.

Any restrictive practice must comply with applicable legal and NDIS requirements.

6. Workplace Protocol: What to Do When Abuse or Neglect Is Suspected



Step 1: Ensure immediate safety

If a participant is in immediate danger:

- Move them away from danger where safe and appropriate.
- Call 000 if emergency assistance is required.
- Provide first aid within your training.
- Seek urgent medical attention where necessary.
- Do not place yourself or others at unnecessary risk.

Step 2: Listen and respond respectfully

If a participant discloses abuse:

- Remain calm.
- Listen carefully.
- Take the disclosure seriously.
- Reassure the participant that their concern will be addressed.

- Avoid blaming or judging.
- Do not promise absolute confidentiality.
- Explain that information may need to be shared with authorised people to protect safety.

Appropriate response:

"Thank you for telling me. I take what you have said seriously. I will help make sure your concern is reported so you can receive appropriate support."

Step 3: Do not investigate independently

Support workers must not:

- Confront an alleged perpetrator.
- Pressure the participant for details.
- Ask repeated or leading questions.
- Attempt to determine guilt.
- Alter or destroy potential evidence.
- Discuss allegations with unauthorised people.

The worker's role is to ensure safety, preserve relevant information and report the concern.

Step 4: Report immediately

Notify the designated H&H Care SA supervisor, manager or incident reporting contact as soon as practicable.

Use the organisation's incident management process.

If the concern involves the usual supervisor, report through an alternative senior management or safeguarding channel.

Where required, notify police, emergency services or the appropriate regulator. Internal reporting must not delay urgent external reporting.

Step 5: Document accurately

Record:

- Date and time.
- Location.
- People involved or present.

- What was directly observed.
- What the participant said, using their exact words where possible.
- Immediate safety actions.
- Who was notified.
- Time and method of notification.
- Any further instructions received.

Avoid assumptions, speculation or conclusions about whether abuse occurred.

7. Reporting Changes in Health

Not all health changes require emergency services, but all significant changes must be assessed and escalated appropriately.

Emergency situations

Call **000** for potentially life-threatening situations, such as:

- Unconsciousness or unresponsiveness.
- Severe difficulty breathing.
- Signs of stroke.
- Suspected heart attack.
- Severe bleeding.
- Serious injury.
- Prolonged or repeated seizures.
- Other immediately life-threatening symptoms.

Provide first aid within your training and follow emergency procedures.

Urgent but non-emergency concerns

Examples may include:

- New or worsening pain.
- Significant reduction in mobility.
- Persistent vomiting or diarrhoea.
- Signs of dehydration.
- New confusion.

- Possible infection.
- Unexpected medication-related symptoms.
- Significant behavioural changes.

Workers should promptly contact the supervisor and follow the participant's health plan to arrange appropriate clinical advice.

If unsure whether a condition is an emergency, seek urgent medical guidance rather than waiting until the next shift.

Routine health observations

Less urgent changes should still be documented and communicated through the appropriate handover and reporting process.

Examples include:

- Gradual changes in appetite.
- Changes in sleep patterns.
- Mild changes in energy.
- Changes in personal care needs.
- Reduced interest in usual activities.

Workers should avoid diagnosing or treating medical conditions outside their qualifications and authorised responsibilities.

8. NDIS Incident Reporting Requirements

H&H Care SA workers must understand the difference between internal incident reporting and external NDIS reportable incident requirements.

Under the NDIS incident management framework, providers must identify, manage and document incidents and allegations that occur in connection with NDIS supports or services.

For registered NDIS providers, certain incidents must also be reported to the NDIS Quality and Safeguards Commission.

Reportable incident categories include:

1. Death of a person with disability.
2. Serious injury of a person with disability.
3. Abuse or neglect of a person with disability.

4. Unlawful sexual or physical contact with, or assault of, a person with disability.
5. Sexual misconduct committed against, or in the presence of, a person with disability, including grooming.
6. Unauthorised use of a restrictive practice.

External reporting timeframes

For registered NDIS providers, most reportable incident categories require notification to the NDIS Commission within **24 hours** of the provider becoming aware of the incident.

Unauthorised restrictive practices generally have a **five-business-day** notification timeframe, unless harm has occurred, in which case the 24-hour requirement applies.

Additional information or follow-up reports may also be required.

Important for support workers: Do not wait for these regulatory deadlines. Report concerns internally immediately so the authorised manager can assess and meet applicable external reporting obligations.

The organisation must confirm its registration status, reporting responsibilities and current NDIS Commission requirements.

9. Accurate Documentation in ShiftCare

Good documentation is essential for participant safety, continuity of care, incident management and organisational accountability.

Good case notes should be:

- Factual.
- Objective.
- Clear.
- Respectful.
- Timely.
- Relevant to the support provided.

Example 1: Unexplained bruising

"Arrived at 9:00 am. During morning personal care, observed a bruise on the participant's left forearm. Participant was asked whether they were experiencing pain and whether they wished to share how the injury occurred. Participant stated they were unsure of the cause. No further assumptions were made. Concern was reported to the supervisor at 9:25 am, and further instructions were requested."

Example 2: Change in mobility

"During the morning routine, observed that the participant required more assistance than usual when standing and walking. Participant reported discomfort in the right leg. Assisted the participant to sit safely and informed the supervisor. Further assessment was requested in accordance with the participant's health support plan."

Example 3: Possible neglect

"During the shift, observed that the participant's bedding was heavily soiled and the bedroom required cleaning. Participant reported that they had not received assistance with changing the bedding. Provided appropriate support with consent and reported the concern to the team leader for follow-up."

Example 4: Emotional distress

"Participant appeared unusually withdrawn during the morning routine and declined their usual community outing. Asked whether they wished to discuss any concerns. Participant stated they preferred to remain at home. Respected the decision and informed the supervisor of the change from their usual presentation."

Example 5: Seizure observation

"At approximately 11:15 am, participant experienced an episode consistent with their documented seizure presentation. Followed the individual seizure management plan, monitored the duration and provided appropriate first aid. Reported the event to the supervisor and completed the required incident documentation."

These examples are for training purposes only. Actual documentation must include the true circumstances, observations, actions and outcomes.

Important: A ShiftCare progress note does not necessarily replace a formal incident report. Workers must complete both when required by organisational procedures.

10. Communication and Handover Between Support Workers

Clear communication between workers is essential, particularly in SIL accommodation where participants may receive support across multiple shifts.

During handover, workers should communicate relevant information about:

- Changes in physical health.
- Changes in emotional wellbeing.
- New injuries or skin concerns.
- Seizure activity.
- Medication-related concerns.

- Reduced food or fluid intake.
- Changes in mobility.
- Significant behaviour changes.
- Incidents requiring follow-up.
- Appointments or medical instructions.

Confidential information must only be shared with authorised people who need it for care or safety.

Example:

"The participant appeared more tired than usual today and required additional assistance with walking. The supervisor has been notified. Please review the health support plan and monitor for further changes during the next shift."

11. Recognising and Responding to Medication Concerns

Medication-related problems can affect participant health and safety.

Support workers should remain alert to:

- Missed medication.
- Medication refusal.
- Suspected administration errors.
- Unexpected drowsiness.
- Dizziness or confusion.
- Allergic reactions.
- Changes in behaviour after medication.
- Possible adverse effects.

Worker responsibilities

- Follow the participant's medication management plan.
- Only administer medication when authorised, trained and competent.
- Never change medication doses independently.
- Never conceal medication errors.
- Report medication incidents promptly.

- Seek clinical or emergency assistance when indicated.
- Complete required documentation.

Example:

A participant appears unusually drowsy after taking morning medication.

The worker should ensure immediate safety, seek appropriate medical advice based on the severity of symptoms, notify the supervisor and document the observations.

Do not assume the medication is the cause without clinical assessment.

12. Supporting Participants Who Have Communication Difficulties

Some participants may not be able to verbally explain pain, discomfort or abuse.

Workers must pay attention to non-verbal communication and changes from the person's usual behaviour.

Possible indicators include:

- Facial expressions suggesting discomfort.
- Unusual vocalisations.
- Withdrawal from physical contact.
- Changes in eating or sleeping.
- Increased agitation.
- Protective movements around certain body areas.
- Avoidance of particular people or environments.

Good practice

- Use the participant's preferred communication method.
- Allow additional time for responses.
- Use communication aids where available.
- Observe patterns rather than relying on one isolated behaviour.
- Seek guidance from relevant health professionals or authorised supporters when appropriate.
- Report concerns even when the participant cannot clearly explain what happened.

Lack of verbal communication must never be treated as a reason to dismiss possible abuse or health concerns.

13. Professional Boundaries and Confidentiality

Support workers must protect participant information and maintain professional boundaries.

Workers must not:

- Share participant health information with unauthorised individuals.
- Discuss incidents on social media.
- Take or distribute photographs without lawful authorisation.
- Gossip about participants or colleagues.
- Alter incident records.
- Pressure participants to withdraw complaints.
- Retaliate against anyone who raises a concern.

Information should be shared only through approved systems and lawful reporting pathways.

Participants must be supported to raise concerns without fear of punishment or reduced services.

14. Training Scenarios

Scenario A: Participant has unexplained bruises

A worker notices several bruises on a participant's arms during personal care.

Correct response: Ensure the participant is safe, ask neutral questions if appropriate, document observations and report the concern promptly.

Incorrect response: Assume the bruises are harmless or accuse another worker without evidence.

Scenario B: Participant reports being shouted at

A participant tells a support worker that another staff member frequently shouts at them.

Correct response: Listen respectfully, take the disclosure seriously, document the participant's words and report through the appropriate safeguarding process.

Incorrect response: Tell the participant they are exaggerating or advise them to remain silent.

Scenario C: Sudden deterioration in health

A participant who normally communicates clearly becomes suddenly confused and struggles to stand.

Correct response: Treat the sudden change as potentially serious, seek emergency medical assistance where indicated, ensure safety and notify the supervisor.

Incorrect response: Wait until the next shift to see whether the participant improves.

Scenario D: Missed personal care

A participant reports that they have not received essential personal care assistance during previous shifts.

Correct response: Address immediate care needs with consent, document the disclosure and report the concern for review.

Incorrect response: Ignore the concern because another worker was responsible.

Scenario E: Suspected financial exploitation

A participant reports that money is missing from their wallet.

Correct response: Listen, document the concern, follow financial safeguarding procedures and report promptly.

Incorrect response: Accuse a colleague without evidence or attempt to investigate privately.

15. Staff Knowledge Check

Question 1: Should support workers investigate suspected abuse themselves?

Answer: No. Workers must ensure safety, document relevant information and report concerns through authorised channels.

Question 2: What should a worker do if a participant suddenly becomes unresponsive?

Answer: Call 000, provide appropriate first aid and follow emergency procedures.

Question 3: Can emotional abuse occur without physical injuries?

Answer: Yes. Emotional abuse may involve threats, intimidation, humiliation or coercive behaviour.

Question 4: Should a worker report suspected abuse if there is no definite proof?

Answer: Yes. A reasonable concern or allegation should be reported. Workers are not required to prove abuse before raising a safeguarding concern.

Question 5: Is recording an incident in ShiftCare always enough?

Answer: No. Formal incident reporting, supervisor notification and external reporting may also be required.

Question 6: What is the most important first step when a participant is in immediate danger?

Answer: Protect immediate safety and obtain emergency assistance where necessary.

16. Responsibilities of Team Leaders and Management

H&H Care SA supervisors, SIL team leaders and managers should:

1. Maintain accessible incident reporting procedures.
2. Ensure staff understand safeguarding responsibilities.
3. Respond promptly to concerns and allegations.
4. Arrange appropriate medical assistance.
5. Protect participants from further harm.
6. Determine whether incidents require notification to external authorities.
7. Maintain accurate and confidential records.
8. Support participants to make complaints.
9. Ensure workers are trained and competent.
10. Review incidents to identify opportunities for prevention and service improvement.

Managers should also ensure that workers can report concerns involving colleagues or supervisors without fear of retaliation.

17. Practical Daily Safety Checklist

At the beginning and throughout each shift, support workers should consider:

- Does the participant appear physically well compared with their usual presentation?
- Are there any new injuries, bruises or skin concerns?
- Has the participant expressed pain or discomfort?
- Are there significant changes in mood, communication or behaviour?
- Are food, fluids and essential personal care needs being appropriately supported?

- Are there any medication-related concerns?
- Is the living environment safe?
- Has the participant expressed fear or concerns about another person?
- Are there outstanding incidents or health concerns from previous shifts?
- Have significant observations been reported and documented?

Workers should use these questions alongside the participant's individual support plan rather than as a replacement for required clinical assessments or monitoring tools.

18. H&H Care SA Commitment to Participant Safety

At H&H Care SA, safeguarding is everyone's responsibility.

Protecting participants from abuse, neglect and preventable harm requires awareness, compassion, professional judgement and prompt action.

Every worker has a responsibility to recognise concerns, listen to participants, respond appropriately and report incidents without unnecessary delay.

We are committed to a workplace culture where participant safety is prioritised, concerns are taken seriously and workers are supported to speak up.

Our commitment:

We observe with care.

We listen without judgement.

We act when safety is at risk.

We report concerns promptly and honestly.

We protect the dignity, rights and wellbeing of every participant.

H&H CARE SA – SUPPORT WORKER TRAINING

Topic: Recognising and Reporting Abuse, Neglect or Changes in Health

Core Message:

"Recognise Early – Respond Safely – Report Promptly – Protect Every Participant."

Document Status: Proposed workplace protocol and staff training material. Management approval and alignment with H&H Care SA's current incident management system, emergency procedures, health support plans and applicable NDIS reporting requirements are required before formal implementation.

Reference Frameworks:

- NDIS Code of Conduct
- NDIS Practice Standards
- NDIS Incident Management and Reportable Incidents Rules
- NDIS Quality and Safeguards Commission guidance
- Relevant South Australian safeguarding, emergency and mandatory reporting requirements