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Vulnerability Indicator Guide



Vulnerability Indicator Guide

1. Introduction

The Vulnerability Indicator Guide has been developed for use by disability service organisations. It can assist staff in service organisations to identify specific areas of vulnerability or risk for people with disability who access services.

This is not a standalone tool. The use of this guide should not replace the organisation's focus on building relationships with people and through these relationships developing understanding of individual needs. This guide can however, be used alongside existing individual planning, monitoring, review, service coordination and quality assurance processes.

When using this guide disability service organisation staff are reminded that:

- Positive, open and trusting relationships with people who use services are the
 most important means through which individual goals, aspirations and needs can
 be identified.
- The identification of safeguarding needs is only one part of the consideration.
 Once needs are identified the organisation is then required to explore (with the
 person with disability, their family and significant others) whether the individual
 goals, individual plan or service plan require changes, what supports can be
 provided to address risks/vulnerabilities, and any additional actions that should
 be taken.
- Vulnerability and risk can be context specific. Some individuals may require safeguarding support across various aspects of life, while others may require safeguarding in relation to a specific decision, choice or situation.
- Safeguards may need to be implemented on a long-term basis, while in other cases short-term safeguards may provide sufficient support or assist in building the capacity of the person with disability.

Additional information

This guide applies a strengths-based approach to assess the capability and agency of the person who accesses services to determine potential and real risks or areas of vulnerability.

The following scale is used to evaluate an individual's strengths, potential and areas of vulnerability or risk 'Not vulnerable', 'Low vulnerability', 'Moderately vulnerable', 'Highly vulnerable', and 'Urgent safeguards required'.

The table that follows provides practical examples of the behaviours, resources and levels of personal capacity that would be demonstrated under each category.

Vulnerability rating	General examples of behaviour and practice
Not vulnerable	 Good communication skills. Confident and assertive. Able to make a complaint. A good network of unpaid support. Secure and stable accommodation. Manages own behaviour. Avoids dangerous or risky situations. Control of personal finances.
Low vulnerability	 Reasonable communication skills. Needs some support to make a complaint. Some unpaid support. Manages own behaviour. Some understanding of what situations or behaviour are risky. Some control of personal finances.
Moderate vulnerability	 Some difficulty with communication skills. Dependent on others in most areas of life. May be unwilling or unable to make a complaint. Limited or unstable network of unpaid supports. Some difficulty with managing behaviour – some risk taking behaviour. Limited understanding of what situations or behaviour are risky, and the potential consequences of choices. Limited control of personal finances.
High vulnerability	 Difficulty with communication skills – may rely on assistive and augmentative communication technologies and tools. Very dependent on others for basic needs. Decisions are made by others with limited opportunities to contribute. Easily intimidated by others. Very poor, or limited network of unpaid supports. Frequently engages in high risk behaviours with limited to no understanding of consequences. Personal finances are controlled by others (not necessarily by a legally appointed Guardian or Administrator).
Urgent safeguards required	Organisations that have significant concerns, or evidence, that a person with disability is at significant harm or risk, or is experiencing abuse, neglect or exploitation, have a requirement to urgently intervene and establish safeguarding mechanisms. Refer to the Appendix for further information.

Before using this guide please note:

- 1. Not all the listed examples would need to be present for a rating to be determined.
- 2. People may demonstrate vulnerability in different ways across different areas of functioning.
- 3. Critical incidents and evidence of abuse, neglect and harm perpetrated against any person with disability must be reported to the appropriate government department(s). Reporting requirements will differ depending on the age of the person, the legislative conditions, and contractual obligations that exist between funders and service providers.
- 4. In instances where an individual has experienced abuse, neglect and harm incident reporting alone may not be sufficient response. Organisations are required to consider what parallel supports, services and activities are available to provide the person with disability with trauma support, independent advocacy and access to Police and legal assistance.
- 5. People with specific personal traits and attributes (regardless of disability) have greater capacity to foresee or identify risk and harm, respond to concerns and develop solutions to problems. People who demonstrate self-confidence, persistence, creativity and determination may be better able to assert their needs and interests and communicate concerns with others.
- 6. The experience of trauma will/can have significant impacts on a person's daily functioning, memory, their ability to manage emotions and behaviours, and cope with stressors.

The planning process provides opportunities to explore goals and aspirations, and to identify risks and mitigation strategies to address risk. While it is assumed safeguards are proactively built into the goals and strategies defined in an individual's plan, this might not be the case for all people with disability you support. The Vulnerability Indicator Guide can be used in instances where the safeguarding needs of individuals has not been adequately addressed through planning, and/or an issue or concern becomes apparent.

2. Vulnerability Indicator Guide

Individual's name Click here to enter text. Click here to enter text.

Who has been involved in the completion of the guide?

Name	Relationship to the person
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Reason for initial use (briefly describe the issue or concern)	Click here to enter text.
Existing safeguards in place	

Date of use	Click here to enter a date.
Proposed date for review	Click here to enter a date.

Decision-making vulnerability

Questions	Yes	Limited	No	Unsure	Notes (Refer to the prompting questions)
Has the person had limited education?	0 🗆	2	4	3 🗆	
Has the person had experience in making-decisions in their life?	0 🗆	2	4	3 🗆	
Can the person access the information they need independently?	0 🗆	2	4 🗆	3 🗆	
Can the person make sense of and interpret information independently?	0 🗆	2	4	3□	
Can the person manage or resolve problems?	0 🗆	2	4	3 🗆	
Does the person require specific accommodations when making decisions?	4	2	0 🗆	3 🗆	
Total				/24	

A rating of 'Unsure' suggests further assessment or consideration is required.

Additional question	Yes	No	Qualifiers
Are substitute or supported decision-making arrangements in place for this person? (I.e., Guardianship arrangements or NDIS nominee arrangements).			A response of yes indicates that the legally appointed Guardian should contribute to the completion of this tool.

Vulnerability rating	Not	Low	Moderate	High
Score range	0 – 4 🗆	4 – 9 🗆	9 – 16 🗆	16 – 24 🗆

Decision-making vulnerability prompting questions or considerations:

- What type of support is required?
- Are assistive or augmentative communication approaches used?
- Are longer response times required?
- Is the person able to understand the facts around choices?
- With what types of decisions are additional supports required?
- Are reminders of previous decisions required?
- Do others assert undue influence?

Does the individual plan appropriately address any identified areas of concern? Is there a need to review the plan's effectiveness and adjust the documented goals?

Identified concerns and potential actions

In developing safeguarding actions consider the following:

- What are the available options?
- What are the costs and benefits of each option?

Area of concern	Potential safeguarding actions/activities	Responsible party/parties	Timeframe
Click here to enter text.			

Please copy the information in these fields into the Summary of Actions Table on Page 13.

Financial vulnerability

Questions	Yes	Limited	No	Unsure	Notes (Refer to the prompting questions)
Does the person have a regular, stable job?	0 🗆	2	4	3□	
Do they earn an income?	0 🗆	2	4	3 🗆	
Are they in receipt of a Disability Support Pension?	0 🗆	2	4	3 🗆	
Can the person afford to pay for the things they need? (E.g., food, rent or mortgage costs, bills, and incidentals).	0 🗆	2	4	3 🗆	
Does the person have control over their finances?	0 🗆	2	4	3 🗆	
Have they demonstrated the ability to purchase major items, get quotes for goods and services, or negotiate prices?	0 🗆	2	4	3□	
Total				/24	

A rating of 'Unsure' suggests further assessment or consideration is required.

Additional question	Yes	No	Qualifiers
Is the person in financial crisis? (E.g., experiencing extreme or difficult circumstances, homelessness, loss of regular job, and/or severe financial hardship).			A response of yes indicates that urgent safeguards are required.

Please note: People with regular or stable employment, can still be financially vulnerable.

Vulnerabil	ity rating	Not	Low	Moderate	High	Urgent
Sco	ore range	0 – 4 🗆	4 – 9 🗆	9 – 16 🗆	16 – 24 🗆	

Financial vulnerability prompting questions or considerations:

- Does the person earn a fair and reasonable wage?
- What impact would a loss in job, change in wage, increase in rent or mortgage or other change have?
- Are other government subsidies being accessed? (E.g., Rent Assistance)
- Is there a legally appointed Guardian or Administrator?
- Have emergency/crisis supports been accessed? (E.g., crisis payments, food parcels, financial management supports).
- Are other parties/significant others providing financial assistance or controlling the person's expenditure?
- If required, what options of financial management are available?
- What assistance is available to safeguard the use of, and acquittal of funding?

Does the individual plan appropriately address any identified areas of concern? Is there a need to review the plan's effectiveness and adjust the documented goals?

Identified concerns and potential actions

In developing safeguarding actions consider the following:

• What are the available options? What are the costs and benefits of each option?

Area of concern	Potential safeguarding actions/activities	Responsible party/parties	Timeframe

Please copy the information in these fields into the Summary of Actions Table on Page 13.

Social vulnerability

Questions	Yes	Limited	No	Unknown	Notes (Refer to the prompting questions)
Does the person have people they can call on for help if needed?	0 🗆	2	4	3 🗆	
Do they have regular contact with family and friends? (I.e., Do they have unpaid relationships?)	0 🗆	2	4	3 🗆	
The person's main contacts are paid supports	0 🗆	2	4	3 🗆	
Is the person regularly involved in and part of activities of interest in community? (E.g., Recreation, social and/or work).	0 🗆	2	4	3□	
Is the person accepted by others? (Including by people in the broader community).	0 🗆	2	4	3□	
Is the person put at risk by those in their social networks? (E.g., Involving the person in poor decisions and high-risk behaviours).	4	2	0 🗆	3□	
Total				/24	

Additional question	Yes	No	Qualifiers
Is the person experiencing extreme isolation? (I.e., A complete lack of contact with others).			A response of yes indicates that urgent
Are there concerns, or is there evidence that the person is experiencing abuse, neglect or harm?			safeguards are required.

Vulnerabil	ity rating	Not	Low	Moderate	High	Urgent
Sco	ore range	0 – 4 🗆	4 – 9 🗆	9 – 16 🗆	16 – 24 🗆	

Social vulnerability prompting questions or considerations:

- Who is in the network of support? Are they involved in the use of the Indicator Guide? Should they contribute to its use?
- Abuse, neglect, exploitation and harm can occur in any setting including at home, when in community and within services. In some cases people with disability may be at risk of harm when with family and friends may not be positive in nature, resulting in people with disability experiencing abuse, neglect or harm. Is contact with family and friends a cause for concern?
- If there is a reliance on paid supports is there access to independent advocacy services?
- Does the person use, or require Positive Behaviour Supports?
- Is discrimination an issue whilst accessing activities of interest in the community? What can be done differently?
- Does the individual plan appropriately address any identified areas of concern? yes
 Is there a need to review the plan's effectiveness and adjust the documented goals?

Identified concerns and potential actions

In developing safeguarding actions consider the following:

- What are the available options?
- What are the costs and benefits of each option?

Area of concern	Potential safeguarding actions/activities	Responsible party/parties	Timeframe
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.

Please copy the information in these fields into the Summary of Actions Table on Page 13.

Health and wellbeing vulnerability

Questions	Yes	Limited	No	Unknown	Notes (Refer to the prompting questions)
Does the person have persistent or chronic illness?	4	2	0 🗆	3□	
Does the person have diagnosed mental illness?	4	2	0	3□	
Does the person have physical or medical needs that require continuous support?	4	2	0 🗆	3□	
Does the person use high cost equipment or medication?	4	2	0 🗆	3 🗆	
Are there concerns about drug and alcohol use?	4	2	0 🗆	3 🗆	
Does the person need assistance to make medical decisions?	4*	2	0 🗆	3 🗆	
Total				12/24	

Vulnerability rating	Not	Low	Moderate	High
Score range	0 – 4 🗆	4 – 9 🗆	9 – 16 🗆	16 – 24 🗆

Health and wellbeing vulnerability prompting questions and considerations:

- The complexity of need in this area may relate more to the complexity of services and systems. Is support needed to navigate services and systems?
- Are care needs documented?

- Are supports required to monitor equipment upkeep? Who has responsibility?
- Is regular, specialist support provided to manage the illness/mental illness/drug and alcohol use?
- Are these parties who provide regular, specialist support involved in the process of determining safeguarding needs? Should they be involved?
- Does the individual plan appropriately address any identified areas of concern? Is there a need to review the plan's effectiveness and adjust the documented goals?

Medical concerns

Does the person experience any of the following?

- Infectious disease
- Dysphasia??
- Choking due to positioning
- Seizures
- Respiratory conditions
- Allergies
- Skin conditions
- Sleep disorders
- diabetes

Identified concerns and potential actions

In developing safeguarding actions consider the following:

- What are the available options?
- What are the costs and benefits of each option?

Area of concern	Potential safeguarding actions/activities	Responsible party/parties	Timeframe

Please copy the information in these fields into the Summary of Actions Table on Page 13.

3. Summary of actions, responsible parties and timelines

As identified through the use of the guide

Area of concern	Potential safeguarding actions/activities	Responsible party/parties	Timeframe
Mental health			
Medication			

4. Checklist

Ш	As much as possible the person has participated in the development of safeguarding strategies/activities.
	The person's family, friends and significant others have participated in and shaped the process.
	As far as possible the safeguards identified are proportionate to the level of need identified through the use of the tool.

Various safeguarding options have been explored through this process – there has not be a focus on formal service responses.
The safeguards identified place the least possible restriction on the person.
The safeguarding strategies and levels of vulnerability will be monitored and reviewed regularly.

Appendix

Recognising vulnerability to, and experience of, abuse and neglect

When developing safeguarding strategies for individuals or developing organisational policies, procedures and practices it is also important have a clear understanding of what constitutes abuse and neglect.

Abuse is defined as "...any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general well-being, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms." (Health Information and Quality Authority, 2013, as cited by Health Services Executive (HSE), 2014, pp.8).

Definitions of abuse and neglect

Form of abuse or neglect ¹	Definition
Physical abuse	 Any non-accidental physical injury or injuries to a child or adult. This includes inflicting pain of any sort or causing bruises, fractures, burns, electric shock, or any unpleasant sensation. Examples of physical abuse in caregiving include: Rough physical handling. Sudden movements of bedding. Pushing and pulling. Over-medication. Unnecessary or excessive use of restraints. Ignoring dietary restrictions. Toileting abuse (leaving someone on the toilet too long or not taking them to the bathroom when they need to use it). Bathing in water that is too hot or too cold.
Sexual abuse	Any sexual contact between an adult and child 16 years-of- age and younger; or any sexual activity with an adult who is unable to understand, has not given consent, is threatened, coerced or forced to engage in sexual behaviour.

Footnote ¹ Forms of abuse and neglect include those described in this Table but are not limited to these areas

Form of abuse or neglect ¹	Definition
Psychological or emotional abuse	Verbal assaults, threats of maltreatment, harassment, humiliation or intimidation, or failure to interact with a person or to acknowledge that person's existence. This may also include denying cultural or religious needs and preferences.
	Emotional abuse can also include:
	 Ignoring a person when they ask for help. Making a person beg for help. Providing help in a way that makes the person feel like a
	burden or feel guilty.
	 Intentionally making a person wait for help. Refusing to recharge the battery of a person's wheelchair. Providing physical care in a way that is unnecessarily rough or careless. Refusing to provide help unless the person agrees to lend
	Refusing to provide neip unless the person agrees to lend money.
	Purposely unplugging or turning off adaptive equipment.
Constraints and restrictive practices	Restraining or isolating an adult for reasons other than medical necessity or the absence of a less restrictive alternative to prevent self-harm. This may include the use of chemical or physical means or the denial of basic human rights or choices such as religious freedom, freedom of association, access to property or resources or freedom of movement.
Financial abuse	The improper use of another person's assets or the use or withholding of another person's resources.
Legal or civil abuse	Denial of access to justice or legal systems that are available to other citizens.
Systemic abuse	Failure to recognise, provide or attempt to provide adequate or appropriate services, including services that are appropriate to that person's age, gender, culture, needs or preferences.
Physical neglect	Failure to provide adequate food, shelter, clothing, protection, supervision and medical and dental care, or to place persons at undue risk through unsafe environments or practices.

Form of abuse or neglect ¹	Definition
Passive neglect	A caregiver's failure to provide or wilful withholding of the necessities of life including food, clothing, shelter or medical care.
Wilful deprivation	Wilfully denying a person who, because of age, health or disability, requires medication or medical care, shelter, food, therapeutic devices or other physical assistance - thereby exposing that person to risk of physical, mental or emotional harm.
Emotional neglect	The failure to provide the nurturance or stimulation needed for the social, intellectual and emotional growth or wellbeing of an adult or child.

Source: Association for Persons with Disabilities (APD) Cares (2016, n.p.); National Disability Abuse and Neglect Hotline (2016, n.p).

It is important for staff in disability service organisations should have an awareness that changes in behaviour, emotions and health, particularly sudden changes, may be potential indicators of stress and abuse (APD Cares, 2016, n.p.; Queensland Government (QG), 2015, n.p.). While individuals respond and react to abuse, neglect and harm in different ways, there are certain physical and behavioural indicators that correlate with individual experiences of abuse and neglect (APD Cares, 2016, n.p.), these are outlined in Table 3.

The presence of indicators provides clues that something may be happening in the life of the person with disability, which warrants exploration. Some indicators are obvious signs of abuse, while others are less overt and require careful observation to determine if abuse is happening at all.

Signs of abuse and neglect

Area	Indicators
Physical signs of abuse ²	 Unexplained signs of injury such as bruises (old and new, clustered on one part of body, or on both upper arms)³, burns, scalds, cuts or scars, and/or more serious unexplained injuries such as broken bones. Ligature marks, or marks left by a gag (or some form of restraint). Imprint injuries (eg., marks shaped like fingers, thumbs, hands, belts or sticks). Missing teeth. Spotty balding (from pulled hair). Eye injuries (black eyes or detached retinas). Broken bones. Sprains. Abrasions or scrapes. Sudden onset of psychosomatic complaints such as sore throats (males most frequently complain of stomach aches while females most frequently report headaches). Sudden difficulty walking or sitting. Report of a person taking too much of their medicines or not taking their medicines regularly (a prescription has more remaining than it should). Signs of being restrained, such as bruises on the wrists. Family members, carers or staff refusing access to the person alone.
Physical signs of sexual abuse	 Vaginal or rectal pain. Bruises around the breasts or genitals. Unexplained bleeding from the vagina or rectal area. Torn, stained or bloody underwear. Frequent urinary tract infections or yeast infections.

Footnote ² Accidents occur, as such it is important to be able to differentiate between abuse and accidental injury. APD Cares (2016) recommends that the following be taken into account:

- the location of the injury,
- the number and frequency of injury,
- the size and shape of the injury,
- the description(s) of how injury occurred, and
- the consistency of injury with the persons developmental capability.

Footnoe ³ APD Cares (2016, n.p.). reiterate that bruises are a common injury for people who have not been abused and that some people may be prone to bruising for other reasons. Some types of bruises are more likely to indicate abuse than others. For example, facial, frequent bruises, those in unlikely place, on several different areas, patterned, bilateral (on the same place on both sides of the body), those that are regularly evident after an absence.

Area	Indicators
	 Painful urination. Abrasions, bleeding, or bruising in the genital area. Incontinence in someone who was previously toilet-trained. Sudden difficulty walking or sitting
Signs of financial abuse or exploitation	 Significant withdrawals from the vulnerable person's bank account, or unexplained disappearance of money or valuable possessions. Items or cash missing. Suspicious changes in wills, power of attorney, policies or other documents. Suspicious addition of names to the person's signature card. Unnecessary services, goods or subscriptions. Sudden problems paying bills or buying food or other necessities
Behavioural signs of abuse	 Change in the way affection is shown, especially if unusual or inappropriate. Suddenly fears being touched. Sudden onset of nightmares, difficulty sleeping and changes in sleep patterns. Sudden regression to childlike behaviours (i.e., bedwetting, thumb sucking). Sudden unusual interest in or knowledge of sexual matters (including excessive masturbation). Cruelty to animals. Sudden fear of bathing or toileting. Sudden fear of a person or place. Depression, withdrawal, or mood swings. Aggression towards others. Violent drawings, stories, or play. Challenging behaviours or noncompliance.
Physical signs of neglect (both in the person and their home)	 Dehydration. Poor or improper hygiene. Poor grooming (e.g., overgrown fingernails and toenails; uncut, matted, or unclean hair; unshaven facial hair, body crevices caked with dirt). Malnourishment/weight loss or unusual weight loss because of not eating enough food or drinking enough fluids.

Area	Indicators
	 A smell of urine or faeces on the person. Clutter, filth, or bad smell in the home. Improper sleeping, cooking, or bathing arrangements, Infestations (e.g., fleas, lice, roaches, rodents). Poor skin condition or skin breakdown (such as rashes, bedsores, or open wounds). Lack of necessary adaptive aids such as glasses, hearing aids, leg braces walkers etc. or improper medication management. Needed medical and dental care (including the administration of prescribed drugs) not provided. Lack of adequate or appropriate supervision. Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards).

Source: APD Cares, 2016, n.p.; Queensland Government (QG), 2015, n.p.).

If people with disability disclose the experience of abuse or neglect, or experience abuse and neglect in service settings, disability service organisations have a legal responsibility, in addition to contractual and ethical requirement to take additional and appropriate action.